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R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Pleasant St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Smith Dolloff
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 125 Pleasant St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 13 years 9 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Ellen Rushman (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 7 Months 23 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory
10 Date deceased last worked at this occupation (month and year) Dec. 1938
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Abner Dolloff
14 BIRTHPLACE OF FATHER (City) Exeter
(State or country) New Hampshire
15 MAIDEN NAME OF MOTHER Emeline Cogswell
16 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

17 Informant Mrs. Ellen R. Dolloff (Relation, if any: wife)
(Address) 125 Pleasant St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/4/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 1 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 31, 1938, to January 1, 1939
I last saw him alive on January 1, 1939, death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	12/31/38
Contributory causes of importance not related to principal cause: Angina Pectoris	1935

Name of operation none Date of —
What test confirmed diagnosis? clinical + laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Abrams, M.D., M. D.
(Address) 562 Shirley St., Winthrop, Mass. Date Jan 1 1939

21 Puritan Lawn, Peabody Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL January 4 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ... 19...
1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . ;—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 2

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Edgar Sawtell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 290 Bowdoin St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 26 yrs. 7 mos. 4 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Cora Pearson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 6̶ 66 Years 3 Months 28 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Structural engineer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10 Date deceased last worked at this occupation (month and year) Jan. 1938
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Keene
(State or country) New Hampshire

PARENTS
13 NAME OF FATHER Albert Henry Sawtell
14 BIRTHPLACE OF FATHER (City) Rindge
(State or country) New Hampshire
15 MAIDEN NAME OF MOTHER Abbie Ann McClanathan
16 BIRTHPLACE OF MOTHER (City) Weston
(State or country) Vermont

17 Informant Mrs. Cora P. Sawtell (Relation, if any wife)
(Address) 290 Bowdoin St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 1/5/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 3 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1939, to Jan 3, 1939. I last saw him alive on Jan 3, 1939, death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Angina pectoris	Jan 3 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Jan 4 1939.

21 PLACE OF BURIAL, CREMATION ~~OR REMOVAL~~ Mt. Auburn (Cemetery) Cambridge (City or town)
DATE OF BURIAL January 6 1939 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JAN 9 1939 19
(Registrar)

asper birth certificate filed with Bur. of F. Tucker

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 3

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 117 Locust St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Maddolini
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 117 Locust St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U.S., if of foreign birth? 41 years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male	18 DATE OF DEATH: January (Month) 7 (Day) 1939 (Year)
4 COLOR OR RACE: White	
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	

5a If married, widowed, or divorced HUSBAND of Angelina Divita (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1933
11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City)
(State or country) Italy

PARENTS
13 NAME OF FATHER Pasquale Maddolini
14 BIRTHPLACE OF FATHER (City)
(State or country) Italy
15 MAIDEN NAME OF MOTHER Angelina Grasso
16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant Mrs. Angelina Maddolini Relation, if any (wife)
(Address) 117 Locust St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childs (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/9/39 (Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937, to Jan. 7, 1939; I last saw him alive on Jan. 7, 1939, death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Chronic Myocarditis	1934
Generalized arteriosclerosis	1934
Nephrosclerosis	1936
Hypertension	1936
Contributory causes of importance not related to principal cause:	
Hypostatic pneumonia	Jan. 1, 1939

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Eddie W. Dickinson, M. D.
(Address) Winthrop, Mass Date Jan. 8 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL January 9, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JAN 9 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

3

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH: Suffolk (County) Chelsea (City or Town) U.S.Naval Hospital No. .... St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Chelsea (City or town making return) 4 14

Registered No. ....

2 FULL NAME: Charles Edgar Brooks (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) World

(a) Residence. No. 94 Terrace Ave. St., Ward, Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 25 days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of: Edna Mack (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE: 46 Years 4 Months 0 Days. If less than 1 day ....Hours ....Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watch Maker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Business.
10 Date deceased last worked at this occupation (month and year): Nov. 1937
11 Total time (years) spent in this occupation: 18

12 BIRTHPLACE (City) (State or country): Nyack, New York

PARENTS
13 NAME OF FATHER: Charles C.
14 BIRTHPLACE OF FATHER (City) (State or country): Boston, Mass.
15 MAIDEN NAME OF MOTHER: cannot be learned
16 BIRTHPLACE OF MOTHER (City) (State or country): Brookfield, Mass.

17 Informant: Edna M. Brooks Relation if any: Wife
(Address) 94 Terrace Ave. Winthrop, Mass.

A TRUE COPY.
ATTEST: .... (Registrar of city or town where death occurred)
DATE FILED Jan. 9, 1939 19..

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan. 7, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 15 38 to Jan. 7 39, 19..
I last saw him alive on Jan. 7, 39, 19.., death is said to have occurred on the date stated above, at 11.48 A.M.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset
Generalized carcinomatosis | unknown

Contributory causes of importance not related to principal cause:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) F. A. Latham, Lieut (MC) USN, M. D.
(Address) USN Hosp. Chelsea Date 1/7 19 39

21 Winthrop, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan. 10, 1939 19..

22 NAME OF UNDERTAKER: Richard Kirby
ADDRESS: Bennington St., East Boston

Received and filed ....19..

(Registrar of City or Town where deceased resided)

FEB -- 8 1930 AM

FORM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 5

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 164 Woodside Ave Winthrop St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Drusilla Atcherly (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 164 Woodside Ave St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of John Atcherley (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 88 Years 7 Months 14 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Wolverhampton
(State or country) England

PARENTS
13 NAME OF FATHER Joseph Greatorex
14 BIRTHPLACE OF FATHER (City)
(State or country) England
15 MAIDEN NAME OF MOTHER Martha Slack
16 BIRTHPLACE OF MOTHER (City)
(State or country) England

17 Informant Rowland E. Atcherley (Son)
(Address) Providence R.I.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
J. M. ... (Signature of Agent of Board of Health or other)
(Official Designation) 1/9/9 7251 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 5, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Hypostatic Pneumonia
Fractured Left Hip — said to have fallen at home
Dec. 1/1/39 38

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) Carolyn J. Reary, M. D.
(Address) Asst. Med. Exam. Date 1/8 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL North Burial (Cemetery) Providence R.I. (City or town)

DATE OF BURIAL Jan. 11, 1939 1939

22 NAME OF UNDERTAKER Irving H. Grabble L. M. Bean
ADDRESS 309 Benefit St. Providence, R.I.

Received and filed ... 19...
JAN 20 1939
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the hoard of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused hy violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all **cases certify to the town** clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

....

....

....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301

Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

2

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 6

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hosp. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esther Huntoon French
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 154 Circuit Rd. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 6 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 ~~SINGLE~~ ~~MARRIED~~ WIDOWED or ~~DIVORCED~~ (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)
(or) WIFE of David F. French (Husband's name in full)

6 IF STILLBORN, enter that fact here. March 18, 1841

7 AGE 97 Years 9 Months 22 Days. If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Sunapee
(State or country) N.H.

PARENTS
13 NAME OF FATHER Ziba S. Story (S. Story)
14 BIRTHPLACE OF FATHER (City) Enfield
(State or country) N.H.
15 MAIDEN NAME OF MOTHER Esther C. Huntoon
16 BIRTHPLACE OF MOTHER (City) Unity
(State or country) N.H.

17 Informant Mrs. Margaret Story Relation, if any Niece
(Address) 154 Circuit Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Jan. 11/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 10th (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 10th, 1938, to January 10th, 1939
I last saw her alive on January 9th, 1939, death is said to have occurred on the date stated above, at 10:35 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Cancer of the right forehead	1936
Contributory causes of importance not related to principal cause:	
Chronic myocardial degeneration	1916
Hypostatic Pneumonia (Jan 9th)	1939

Name of operation none Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Robert Fulton Carmody, M. D.
(Address) 1810 Beacon Street Brookline, Mass. Date Jan 10th 1939

21 Village Cemetery Washington N.H.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 13, 1939

22 NAME OF UNDERTAKER Philip J. Woodbury
ADDRESS Hillsboro, N.H.

Received and filed JAN 20 1939 19

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were **as** follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 90 Washington Avenue ~~St.~~ Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 7

2 FULL NAME Ellen Louise (Davis) Hayward
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran specify WAR)

(a) Residence. No. 90 Washington Avenue ~~St.~~ Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George Nahum Hayward (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years x Months 17 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) 1933
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Fitchburg
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Frederick Hiram Davis
14 BIRTHPLACE OF FATHER (City) Fitchburg
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Seriza Veronica Younglove
16 BIRTHPLACE OF MOTHER (City) Vernon
(State or country) Vermont

17 Informant Florence M. Joel (Relation, if any: sister)
(Address) 93 Highland Ave. Fitchburg Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer — 1/18/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 17 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 27, 1938, to January 17, 1939
I last saw her alive on January 17, 1939, death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	1/17/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Hypostatic Pneumonia	1/16/39
Angina Pectoris	12/27/38

Name of operation none Date of —
What test confirmed diagnosis? Clinical + laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify —
(Signed) Jacob G. Abrams, M. D.
(Address) 562 Shirley St Winthrop Date 1/18/39

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL January 19 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JAN 20 1939 19...
(Registrar)

...should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080.F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 8

4

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 9 Floyd St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Etta Geraldine Harrison
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 9 Floyd St. Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Robert L. Harrison
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Ottawa Canada.

PARENTS
13 NAME OF FATHER James F. Wolff.
14 BIRTHPLACE OF FATHER (City) (State or country) Valcartier Can.
15 MAIDEN NAME OF MOTHER unknown
16 BIRTHPLACE OF MOTHER (City) (State or country) Ottawa Can.

17 Informant Gerald Harrison Son
(Address) 70 Edgemoor Rd. Belmont

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[signature] 7603
(Signature of Agent of Board of Health or other)
(Official Designation) 1/17/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan - 17 - 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Lobar Pneumonia.
Senility

Found collapsed on her floor
Jan - 11 - 1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) W. J. Brickley, M. D.
(Address) Boston Date 1-17 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Crematory
(Cemetery) (City or town)
DATE OF BURIAL Jan 19/39 19

22 NAME OF UNDERTAKER J. S. Waterman & Sons
ADDRESS Boston

Received and filed JAN 20 1939 19
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwitb, after tbe death of a person whom he has attended during his last illness, at the request of an undertaker or other autborized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his deatb....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no sucb board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall he issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused hy violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal sball constitute a permit for such removal; provided, that sucb body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with tbe cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..........

....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

Fall River notified 2/8/39

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

00m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 9

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Fort Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME RANDOLPH GILL
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 881 Walnut St., Ward, Fall River, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred -- years -- months 4 days. -- How long in U.S., if of foreign birth? -- years -- months -- days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: Colored
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 20 Years 3 Months 7 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC
10 Date deceased last worked at this occupation (month and year) Jan. 16, 1939
11 Total time (years) spent in this occupation ?

12 BIRTHPLACE (City) Unknown
(State or country)

PARENTS
13 NAME OF FATHER Unknown
14 BIRTHPLACE OF FATHER (City) Unknown
(State or country)
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

17 Informant Registrar Sta Hosp Ft Banks, Mass. Relation, if any
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 1/21/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 21 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1939, to Jan. 21, 1939
I last saw him alive on Jan. 20, 1939, death is said to have occurred on the date stated above, at 4:55am.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Tuberculosis, pulmonary, acute, miliary, right lung, chronic, active, left lung.	Unknown

Contributory causes of importance not related to principal cause:
Pulmonary hemorrhage. Jan 16/39

Name of operation -- Date of --
What test confirmed diagnosis? -- Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
Charles M. Sale
(Signed) Charles M. Sale, Lt. Col. MC M. D.
(Address) Fort Banks, Mass. Date Jan 21 1939

21 Oak Grove Fall River
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Jan 24 1939
22 NAME OF UNDERTAKER James H. Evans
ADDRESS 178 Winter St Fall River

Received and filed JAN 24 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8. The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, not the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 10

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 20 Sea Foam Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Jacob Levine (If U. S. War Veteran specify WAR) ....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 20 Sea Foam St. Ave. Ward, Winthrop, Mass (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 18 years — months — days. How long in U.S., if of foreign birth? 52 years — months — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced HUSBAND of Jennie B. Levine (Give maiden name of wife in full)
(or) WIFE of [illegible] (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years ...... Months ...... Days. If less than 1 day ...... Hours ...... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor - for
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: himself
10 Date deceased last worked at this occupation (month and year): 1920
11 Total time (years) spent in this occupation: yrs

12 BIRTHPLACE (City) (State or country): Russia

PARENTS
13 NAME OF FATHER: Isaac Levine
14 BIRTHPLACE OF FATHER (City) (State or country): Russia
15 MAIDEN NAME OF MOTHER: Cannot be learned
16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: Mrs. Annie Schwartz (daughter) Relation, if any
(Address) 20 Sea Foam Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/21/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Jan. (Month) 21 (Day), 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 1938, to Jan 21, 1939.
I last saw him alive on Jan 21, 1939, death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Cerebral Hemorrhage	1/19/39
Hypertension	
Broncho-Pneumonia	1/19/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Arterio Sclerosis	?
Arterio Sclerotic Ht Disease	1933

Name of operation None Date of ......
What test confirmed diagnosis? ...... Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ......
(Signed) Charles Lieberman, M. D.
(Address) 26 Wave Way Ave. Date 1/21 1939

21 Beth Jacob Cem. Woburn
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan. 23 1939

22 NAME OF UNDERTAKER Ingber (Stoneham)
ADDRESS [illegible]

Received and filed JAN 24 1939 19......
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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Malden [illegible] 1939

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD
CERTIFICATE OF DEATH

Registered No. 11

1 PLACE OF DEATH (County) Winthrop (City or Town)
No. Winthrop Community Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Boy Fusi (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 104 Main St., Ward, Malden (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 23
3 SEX Male; 4 COLOR OR RACE White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) S	18 DATE OF DEATH January (Month) 25 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939, to Jan 23, 1939. I last saw h im alive on Jan 23, 1939, death is said to have occurred on the date stated above, at 5 A m.
6 IF STILLBORN, enter that fact here. Stillborn	The principal cause of death and related causes of importance in order of onset were as follows: ~~Premature~~ ~~baby~~ Stillborn — Date of Onset IMPORTANT
7 AGE Years 5 Months Days; If less than 1 day Hours Minutes	Contributory causes of importance not related to principal cause:
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 10 Date deceased last worked at this occupation (month and year) — 11 Total time (years) spent in this occupation —	Name of operation — Date of — What test confirmed diagnosis? Clinical Was there an autopsy? No
12 BIRTHPLACE (City) Winthrop (State or country) Mass	20 Was disease or injury in any way related to occupation of deceased? If so, specify —
PARENTS 13 NAME OF FATHER Alfred (Arthur) Fusi	(Signed) Charles [illegible], M. D.
14 BIRTHPLACE OF FATHER (City) Newark (State or country) New Jersey	(Address) 4 Prince St. Date 1/25 1939
15 MAIDEN NAME OF MOTHER Alice Coscia	21 St Michael Cemetery Boston — Place of Burial, Cremation or Removal. (City or Town)
16 BIRTHPLACE OF MOTHER (City) Saugus (State or country) Mass	DATE OF BURIAL Jan. 28 1939
17 Informant Alfred A. Fusi Relation, if any (Father) (Address) 104 Main St Malden	22 NAME OF UNDERTAKER John Cuccotti & Sons ADDRESS 7 Cooper St Boston
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 1/28/39 (Date of Issue of Permit)	Received and filed FEB 3 1939 19 (Registrar)

Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

Certified Copy mailed to [illegible] 2/11/39

100m 11236 No. 9080 F. Vol. Cert.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

Age should be stated EXACTLY. ...tion should be carefully supplied.

100m-9-'37. No. 1859.

2

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 12

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. 38 Reade St St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel J. Buckley (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 38 Reade St St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Catherine Shea Buckley (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Policeman

10 Date deceased last worked at this occupation (month and year) Sept 1932

11 Total time (years) spent in this occupation 32

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS

13 NAME OF FATHER Michael Buckley

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Sweeney

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Catherine Bukley (Relation, if any: Wife)
(Address) 38 Reade St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm B Childers
(Signature of Agent of Board of Health or other)

Bd. of H. — Jan 27/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 26 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939, to Jan 26, 1939

I last saw him alive on Jan 25, 1939, death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

myocarditis

hypostatic pneumonia — 1/25

Contributory causes of importance not related to principal cause:

arterio sclerosis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) [illegible signature], M. D.
(Address) [illegible] Washington St. Date 1/26 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Jan 28 1939

22 NAME OF FUNERAL DIRECTOR John F O'Maley
ADDRESS Winthrop

Received and filed FEB 3 1939

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certifioate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-2-'30. No. 7997-d

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Quincy (City or town making return)

Registered No. 48

1 PLACE OF DEATH
Norfolk (County)
Quincy (City or Town)
No. Quincy City Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Axel J. Peterson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 13

(a) Residence. No. 20 Bellevue Avenue St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Oscar Olson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 7 Months 1 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Chandler Store
10 Date deceased last worked at this occupation (month and year) 1924
11 Total time (years) spent in this occupation 5

12 BIRTHPLACE (City) (State or country) Sweden

PARENTS
13 NAME OF FATHER Andrew P. Peterson
14 BIRTHPLACE OF FATHER (City) (State or country) Sweden
15 MAIDEN NAME OF MOTHER Cannot be learned
16 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

17 Informant Mrs. Irene Sobey Peterson/Daughter
(Address) 14 Waldemar Ave., Winthrop, Mass.

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred.)
DATE FILED Jan. 27 19 39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January 26, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1939 to Jan. 26, 39
I last saw him alive on Jan. 25, 1939, death is said to have occurred on the date stated above at 10.10 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Hypertensive heart disease	1-1-39
Uraemia	

Contributory causes of importance not related to principal cause:
Myocarditis
Chronic nephritis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Francis R. Burke, M. D.
(Address) Quincy, Mass. Date 1-26-39

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Mass.
(Cemetery) (City or town)
DATE OF BURIAL Jan. 28 39

22 NAME OF UNDERTAKER Richard H. White
ADDRESS Winthrop, Mass.

Received and filed 19
(Registrar of City or Town where deceased resided)

FEB — [illegible] AM

R-301A

Suffolk (County) Boston 2/9/38

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 14

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (male) Presutti
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 124 Everett St., 1 Ward, East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — years — months — days. How long in U.S., if of foreign birth? — years — months — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	white	Single

5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE ....Years ....Months ....Days | If less than 1 day ....Hours ....Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) —
11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
13 NAME OF FATHER Gaetano Presutti
14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Elvira Turco
16 BIRTHPLACE OF MOTHER (City) East Boston
(State or country) Mass.

17 Informant Gaetano Presutti (Relation if any: Father)
(Address) 124 Everett St., E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 1/31/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan (Month) 27 ~~28~~ (Day), 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to Jan 28, 1939,
I last saw him alive on Jan 28 27, 1939, death is said to have occurred on the date stated above, at 11.20 A.m.

The principal cause of death and related causes of importance in order of onset were as follows: Stillborn

Date of Onset IMPORTANT: Jan 27 ~~28~~, 1939

Contributory causes of importance not related to principal cause:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

20 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) John [illegible] M. D.
(Address) 48 [illegible] St. [illegible] Date 1/30/1939

21 St. Michaels Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Feb. 1, 1939

22 NAME OF FUNERAL DIRECTOR W. J. Kelly
ADDRESS 11 Meridian St., E. B.

Received and filed FEB 3 1939 19....
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

Correct copy mailed to Boston 4/11/39

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 15

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 143 Sewall Ave Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Raymond Francis Doucette
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 143 Sewall Ave Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of Emily Morrow Doucette
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 36 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Howe &French
10 Date deceased last worked at this occupation (month and year) Jan. 27 1939
11 Total time (years) spent in this occupation 6mos

12 BIRTHPLACE (City) Yarmouth
(State or country) N.S.

PARENTS
13 NAME OF FATHER Theodore Doucette
14 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Cannot Be Learned
16 BIRTHPLACE OF MOTHER (City)
(State or country) Nova Scotia

17 Informant Emily Doucette
(Address) 143 Sewall Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Guldrey
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
1/30/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 28 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Oedema of Brain & of Lungs
alcoholism

Found collapsed in his home

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Wm J. Brickley, M. D.
(Address) Boston Jan 29 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL Jan 31 1939

22 NAME OF UNDERTAKER John F O'Malay
ADDRESS Winthrop

Received and filed FEB 3 1939 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws. Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and **those of persons found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

....

....

....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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(left margin, vertical): ...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Boston 2/9/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 16

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Male La Conte
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 238 Saratoga St., 1 Ward, Boston
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred ... years ... months ... days. How long in U.S., if of foreign birth? ... years ... months ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of .... (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

6 IF STILLBORN, enter that fact here Stillborn

7 AGE — Years ... Months ... Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10 Date deceased last worked at this occupation (month and year) ....
11 Total time (years) spent in this occupation ....

12 BIRTHPLACE (City) Winthrop.
(State or country) Mass

PARENTS
13 NAME OF FATHER Dominic La Conte
14 BIRTHPLACE OF FATHER (City) Boston.
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Mae Interlolato
16 BIRTHPLACE OF MOTHER (City) Boston.
(State or country) Mass.

17 Informant Dominic La Conte Relation, if any Father
(Address) 238 Saratoga St. EB

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer 1/30/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 29, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ...., 19...., to ...., 19....
I last saw h.... alive on Stillborn ...., 19...., death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Stillborn

Date of Onset IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

20 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) [illegible], M. D.
(Address) 19 [illegible] Date Jan 29, 1939

21 St Michaels, Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Jan 31, 1939

22 NAME OF UNDERTAKER R Kirby
ADDRESS Boston

Received and filed FEB 3 1939 .... 19....
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-36. No. 9080 F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 17

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 49 Beal St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mildred A McCarthy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 49 Beal St St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) —

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 19 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Chester McCarthy
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
15 MAIDEN NAME OF MOTHER Elizabeth McDonald
16 BIRTHPLACE OF MOTHER (City) New Glasgow
(State or country) Nova Scotia

17 Informant Chester McCarthy (Father) Relation, if any
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 2/3/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 31, (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August, 1938, to Jan 31, 1939
I last saw her alive on Jan 30, 1939, death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Rheumatic Heart Disease	Indefinite
Mitral Stenosis and Regurgitation	1933 ±
Adhesive Pericarditis	1935 ±

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Clinical Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) R. Earle Glendy — M. D.
(Address) 12 Bay State Rd, Boston Date Jan 31 1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 6 1939

22 NAME OF UNDERTAKER Kirby Bros Maurice Kirby
ADDRESS 178 Bennington St E. Boston

Received and filed 19
FEB 3 1938
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 18

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 338 Revere St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lillian I. Myers [Myers] (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 338 Revere St. Winthrop St., Ward, Winthrop Mass (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 19 Years 9 Months 19 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Factory
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packer
10 Date deceased last worked at this occupation (month and year) Dec 24/38
11 Total time (years) spent in this occupation 1

12 BIRTHPLACE (City) Dorchester
(State or country) Mass

PARENTS
13 NAME OF FATHER Everett M. Myers
14 BIRTHPLACE OF FATHER (City)
(State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Bertha Peacock
16 BIRTHPLACE OF MOTHER (City)
(State or country) England

17 Informant Mrs Lily Spalding aunt
(Address) Overton Ave [illegible] Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

ADRIAN E. CRAMPTON (Signature of Agent of Board of Health or other) 8180

(Official Designation) BOSTON HEALTH DEPT. (Date of Issue of Permit) FEB 2 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH January (Month) 31 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Illuminating Gas Poisoning

Suicidal

Found dead in a gas filled room

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop

(Signed) Wm J. Brickley, M. D.

(Address) Boston Date Feb 1 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Milton (Cemetery) Milton (City or town)

DATE OF BURIAL Feb 3 1939

22 NAME OF UNDERTAKER H. P. Craig

ADDRESS 197 Norfolk St Dor Mass

Received and filed FEB 6 1939

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

....

....

....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 88

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. N E Baptist Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mildred M Barry (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 19

(a) Residence. No. 44 Road St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Joseph Barry (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 34 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10 Date deceased last worked at this occupation (month and year): 12/38

11 Total time (years) spent in this occupation: 3

12 BIRTHPLACE (City) (State or country): Lynn

PARENTS

13 NAME OF FATHER: Martin Hines

14 BIRTHPLACE OF FATHER (City) (State or country): Ireland

15 MAIDEN NAME OF MOTHER: Mary McManus

16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant (Address) (Relation, if any: husband)

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 3/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/31/38, 19 , to 1/3/39, 19

I last saw her alive on 1/3/39, 19 , death is said to have occurred on the date stated above, at 7.50p m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
lobar pneumonia type 3	12/31/38
neutropenia	1/10/39

Contributory causes of importance not related to principal cause:

Cause	Date of onset
normal delivery	1/1/39

Name of operation transfusion Date of 1/2/39

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A A Hornor, M. D.

(Address) 319 Longwood Ave Date 1/3/39 19

21 Place of Burial, Cremation or Removal St Marys Lynn (City or Town)

DATE OF BURIAL 1/7/39 19

22 NAME OF UNDERTAKER G J Wall

ADDRESS Lynn

Received and filed 1/6/39 19

(Registrar of City or Town where deceased resided)

WINTHROP, MASS.
MAR-9 1933 AM

FORM R-305

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 215

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Boston City Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Bartlott
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 20

(a) Residence. No. 431 Winthrop St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Divorced

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Gerald E Bartlett (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 24 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) –

11 Total time (years) spent in this occupation –

12 BIRTHPLACE (City) (State or country) Boston

PARENTS

13 NAME OF FATHER Peter F Dolan

14 BIRTHPLACE OF FATHER (City) (State or country) Boston

15 MAIDEN NAME OF MOTHER Louise Thomas

16 BIRTHPLACE OF MOTHER (City) (State or country) Boston

17 Informant Mrs L Sherrin Relation, if any (Mother)
(Address)

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 6/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

ac general peritonitis following ovarian abscess-following abortion-said to have been self induced

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of Injury 9/28/38 19

Where did Injury occur? Boston (City or town and State)

Manner of Injury

Nature of Injury laparotomy with exteriorization of sigmoid 12/28/38

Was there an autopsy?

21 Was disease or Injury in any way related to occupation of deceased?
If so, specify
(Signed) T Leary, M. D.
(Address) Boston Date 1/6/39 19

22 Place of Burial, Cremation or Removal. Holy Cross Malden (City or Town)

DATE OF BURIAL 1/9/39 19

23 NAME OF UNDERTAKER R C Kirby
ADDRESS Boston

Received and filed 1/10/39 19

(Registrar of City or Town where deceased resided)

25m-11-'36. No. 9080-h

TOWN
WINTHROP, MASS.
MAR-9 1939 AM

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 242

1 PLACE OF DEATH: SUFFOLK (County)
BOSTON (City or Town)
No. N E Baptist Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) 21

2 FULL NAME Robert B Hyslop (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 51 Sunnyside Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Chisholm (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 12/38
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) New Brunswick

PARENTS
13 NAME OF FATHER George Hyslop
14 BIRTHPLACE OF FATHER (City) (State or country) New Brunswick
15 MAIDEN NAME OF MOTHER Mary Smith
16 BIRTHPLACE OF MOTHER (City) (State or country) New Brunswick

17 Informant Hosp Records (Address) Relation, if any ( )

A TRUE COPY.
ATTEST: James A. Burke (Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 7/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/10/38, 19 to 1/7/39, 19
I last saw him alive on 1/7/39, 19, death is said to have occurred on the date stated above, at 11.15p m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
perforated duodenal ulcer	12/10/38
pulm.embolus	1/8/39

Contributory causes of importance not related to principal cause:
post opr pulm.atelectasis

Name of operation repair of ulcer Date of 12/10/38
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C R Souders, M. D.
(Address) 605 Comm.Ave Date 1/8/39 19

21 Winthrop-Winthrop
Place of Burial, Cremation, or Removal. (City or Town)
DATE OF BURIAL 1/10/39 19

22 NAME OF UNDERTAKER J F O'Maley
ADDRESS Winthrop

Received and filed 1/11/39 19
(Registrar of City or Town where deceased resided)

WINTHROP, MASS.
MAR-9 1039 AM

RM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 196

1 PLACE OF DEATH: SUFFOLK (County)
BOSTON (City or Town)
No. Boston City Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Walter Terry
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 22

(a) Residence. No. 138 Bowdoin St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Gavin
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years 1 Months 20 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. motorman
10 Date deceased last worked at this occupation (month and year) B E RY 1/39
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Chelsea

PARENTS
13 NAME OF FATHER Samuel Terry
14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Elizabeth Hurburt
16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant (Address) Relation, if any: wife

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 8/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

core,hemorrhage -treated for hypertensio
admitted in coma died in 4 hours

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of Injury ... 19
Where did Injury occur? (City or town and State)
Manner of Injury
Nature of Injury
Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T Leary, M. D.
(Address) Boston Date 1/8/39 19

22 Place of Burial, Cremation or Removal. (City or Town) Winthrop-Winthrop
DATE OF BURIAL 1/11/39 19

23 NAME OF UNDERTAKER R H White
ADDRESS Winthrop

Received and filed 1/10/39 19
(Registrar of City or Town where deceased resided)

25m-11-'36. No. 9080-h

WINTHROP MASS.
MAR - 9 1909 AM

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 426 23

1 PLACE OF DEATH: SUFFOLK (County); BOSTON (City or Town)

No. Mass General Hospt St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Bean (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 356 Shirley St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Blanche Smith (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 9 Months 10 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. building

10 Date deceased last worked at this occupation (month and year) 11/38

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Hamilton Bermuda

PARENTS

13 NAME OF FATHER Richard Bean

14 BIRTHPLACE OF FATHER (City) (State or country) Hamilton-Bermuda

15 MAIDEN NAME OF MOTHER Abilena Smith

16 BIRTHPLACE OF MOTHER (City) (State or country) Hamilton Bermuda

17 Informant (Address) ( ) Relation, if any: wife

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 13/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/9/39, 19..., to 1/13/39, 19...

I last saw him alive on 1/13/39, 19..., death is said to have occurred on the date stated above, at 5.18p m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
cardiac hypertrophy & dilatation syphilitis aortitis with cong. failure	1 yrs

Contributory causes of importance not related to principal cause:

Cause	Date of onset
pulm. infarction bilateral	4 dys

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) NC Baker, M. D.

(Address) Mass Gen. Hosp Date 1/14/39 19...

21 Winthrop-Winthrop

Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL 1/16/39 19...

22 NAME OF UNDERTAKER R H White

ADDRESS Winthrop

Received and filed 1/17/39 19...

(Registrar of City or Town where deceased resided)

WINTHROP, MASS.
MAR - 9 1939 AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

Middlesex

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Cambridge
(City or town making return)

Registered No. 45

1 PLACE OF DEATH
Cambridge (County)
Charlesgate Hosp. (City or Town)
No. .... St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ---- Kasonof
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 21

(a) Residence. No. 18 Dolphin Ave. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX M — 4 COLOR OR RACE W. — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)	18 DATE OF DEATH Jan 15 1939 (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of .... (Give maiden name of wife in full) (or) WIFE of .... (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Jan 15 19 39 to Jan 15 19 39. I last saw him alive on Jan 15 19 39, death is said to have occurred on the date stated above, at 10 10 m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset) Atelectases 2days
7 AGE ... Years ... Months 2 Days. If less than 1 day ... Hours ... Minutes	Contributory causes of importance not related to principal cause: Prematurity 2 days
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 11 Total time (years) spent in this occupation	Name of operation .... Date of .... What test confirmed diagnosis? .... Was there an autopsy? no
12 BIRTHPLACE (City) Cambridge (State or country) Mass.	20 Was disease or injury in any way related to occupation of deceased? .... If so, specify ....
PARENTS: 13 NAME OF FATHER Lewis	(Signed) Joseph H Meyer, M. D.
14 BIRTHPLACE OF FATHER (City) Cambridge (State or country) Mass.	(Address) 270 Commonwealth Ave. Date 1/15/39
15 MAIDEN NAME OF MOTHER Ethel Herman	21 Kennesetty Israel Cem. Woburn — Place of Burial, Cremation or Removal. (City or Town)
16 BIRTHPLACE OF MOTHER (City) Cambridge (State or country) Mass.	DATE OF BURIAL Jan 16 1939
17 Informant Lewis Kasonof (Address) Relation, if any (father)	22 NAME OF UNDERTAKER Manuel Stanetsky ADDRESS 10 Washington St. Dor.
A TRUE COPY. ATTEST: Jan 17 1939 (Registrar of city or town where death occurred) DATE FILED 19	Received and filed Jan 17 1939 .... 19 (Registrar of City or Town where deceased resided)

FEB 14 1979 AM

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 661

1 PLACE OF DEATH SUFFOLK (County) BOSTON (City or Town)

No. Boston City Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augusta Porter (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) 25

(a) Residence. No. 211 Cliff Ave St., Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Harry Porter (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10 Date deceased last worked at this occupation (month and year) Sept 1938

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) (State or country) Boston Mass

PARENTS

13 NAME OF FATHER Theodore Hellberg

14 BIRTHPLACE OF FATHER (City) (State or country) Sweden

15 MAIDEN NAME OF MOTHER Augusta Anderson

16 BIRTHPLACE OF MOTHER (City) (State or country) Sweden

17 Informant Harry Porter (Relation, if any Husband)
(Address) 211 Cliff Ave Winthrop

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan. 20, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 9, 1938, to Jan. 20, 1939

I last saw h alive on , 19 , death is said to have occurred on the date stated above at 2.15 P M. m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Carcinoma of cervix	1 Yr

Contributory causes of importance not related to principal cause:

Metastasis	8 Mos

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M W O'Connell, M. D.

(Address) Boston City Hospt Date 1-21 1939

21 Place of Burial, Cremation, or Removal. New Calvary (City or Town)

DATE OF BURIAL Jan. 23 1939

22 NAME OF UNDERTAKER Edward M Fitzgibbon

ADDRESS 1428 Dorchester Ave, Dorchester

Received and filed Jan. 24 1939

James A Burke

(Registrar of City or Town where deceased resided)

30m-11-'36. No. 9080-g

WINTHROP MASS
MAR - 9 1938 AM

RM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

(City or town making return)

Registered No. 826 26

1 PLACE OF DEATH ......(County) ......(City or Town)

No. EnRoute to Boston City Hosp St., ...Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Tansley (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)......

(a) Residence. No. 249 Shore Drive St., ... Ward, Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Ada Pepper (Give maiden name of wife in full)

(or) WIFE of ...... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 57 Years 1 Months 20 Days. If less than 1 day ......Hours ......Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RR Machinist

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ......

10 Date deceased last worked at this occupation (month and year) 1/39

11 Total time (years) spent in this occupation 3

12 BIRTHPLACE (City) ...... (State or country) England

PARENTS

13 NAME OF FATHER John Tansley

14 BIRTHPLACE OF FATHER (City) ...... (State or country) England

15 MAIDEN NAME OF MOTHER Harriet Judkins

16 BIRTHPLACE OF MOTHER (City) ...... (State or country) England

17 Informant (Address) ...... Relation, if any (wife)

A TRUE COPY.

ATTEST: ...... (Registrar of city or town where death occurred)

DATE FILED ...... 19 ......

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 26/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

cerebral hemorrhage-said to have collapsed suddenly -natural causes

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? ...... Date of Injury 19

Where did Injury occur? ...... (City or town and State)

Manner of Injury ......

Nature of Injury ......

Was there an autopsy? ......

21 Was disease or injury in any way related to occupation of deceased? ......
If so, specify ......

(Signed) C J O'Leary, M. D.
(Address) Boston Date 1/26/39 19

22 Place of Burial, Cremation or Removal Winthrop-Winthrop (City or Town)

DATE OF BURIAL 1/29/39 19

23 NAME OF UNDERTAKER R H White
ADDRESS Winthrop

Received and filed 1/30/39 19

...... (Registrar of City or Town where deceased resided)

25m.11.'36. No. 9080-h

WINTHROP, MASS.
MAR-9 1939 AM

FORM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 900 27

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. EnRoute Boston City Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Romeo Lecours (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 61 Sea View Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of Gertrude Deangolis
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1/39
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City)
(State or country) Montreal Canada

PARENTS
13 NAME OF FATHER Charles Lecours
14 BIRTHPLACE OF FATHER (City)
(State or country) Canada
15 MAIDEN NAME OF MOTHER Eliza Dumont
16 BIRTHPLACE OF MOTHER (City)
(State or country) Canada

17 Informant (Address) Relation, if any (wife)

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jan 27/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

coronary sclerosis

natural causes

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of Injury 19
Where did Injury occur?
(City or town and State)
Manner of Injury
Nature of Injury
Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C J O'Leary, M. D.
(Address) Boston Date 1/28/39 19

22 Place of Burial, Cremation or Removal. Winthrop-Winthrop (City or Town)
DATE OF BURIAL 1/31/39 19

23 NAME OF UNDERTAKER J F O'Maley
ADDRESS Winthrop

Received and filed 1/31/39 19

(Registrar of City or Town where deceased resided)

25m-11-'36. No. 9080-h

765
WINTHROP, MASS.
MAR - 9 19[illegible] AM

R-301 A 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Corr. Bk 2 Dep #1

Registered No. 23

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. ~~70 Prospect~~ Winthrop Community Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isaac F. Pollard (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 70 Prospect Ave. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Sophia A. McLean ~~Mcleod Pollard~~ (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 87 Years 5 Months 13 Days — If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

10 Date deceased last worked at this occupation (month and year) Jan. 1919

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Rockland (State or country) Massachusetts

PARENTS

13 NAME OF FATHER Isaac Pollard

14 BIRTHPLACE OF FATHER (City) Rockland (State or country) Massachusetts

15 MAIDEN NAME OF MOTHER Lydia Stinston

16 BIRTHPLACE OF MOTHER (City) Rockland (State or country) Massachusetts

17 Informant Florence S. Pollard (Daughter (Address) 70 Prospect Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childers (Signature of Agent of Board of Health or other)

H.O. agt. (Official Designation) Feb 3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feburary 1, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 30, 1938, to February 1, 1939

I last saw him alive on February 1, 1939, death is said to have occurred on the data stated above, at 7:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Intestinal obstruction & operation therefore	1/29/39

Contributory causes of importance not related to principal cause:

Carcinoma of transverse colon	1938
General carcinomatosis	1939
Senility	1938

Name of operation Colostomy Date of Jan 31/39

What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify No

(Signed) Jacob Abrams M. D.

(Address) 562 Shirley St. Winthrop, Mass Date 2/3/1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL Feburary 3, 1939 19

22 NAME OF UNDERTAKER Richard H. [illegible]

ADDRESS 147 Winthrop St Winthrop Mass

Received and filed FEB 3 1939 19 (Registrar)

75m-2-'30. No. 7997-a

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080 F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 29

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 44 Dolphin Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Alexander (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 44 Dolphin Ave St., Ward, Winthrop (If nonresident, give city or town and state) (Usual place of abode)

Length of residence in city or town where death occurred 11 years months days. How long in U.S., if of foreign birth? 60 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Dora Bernard (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: for himself
10 Date deceased last worked at this occupation (month and year): 1925
11 Total time (years) spent in this occupation: 40

12 BIRTHPLACE (City) (State or country): Russia

PARENTS
13 NAME OF FATHER: Solomon Alexander
14 BIRTHPLACE OF FATHER (City) (State or country): Russia
15 MAIDEN NAME OF MOTHER: Leah (unknown)
16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: Israel Alexander (Relation, if any: son)
(Address): 92 Pleasant St Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress (Signature of Agent of Board of Health or other)
HO. (Official Designation) Feb 3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: February (Month) 3 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 27, 1939, to February 3, 1939
I last saw him alive on February 3, 1939, death is said to have occurred on the date stated above, at 12:10 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	1/27/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Arteriosclerosis	1938.

Name of operation: none Date of —
What test confirmed diagnosis? clinical & laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Abrams, M. D.
(Address) 562 Shirley St Winthrop Date 2/3/39

21 Pride of Jacob W. Rox
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 5 1939

22 NAME OF UNDERTAKER: Jacob A. Levine
ADDRESS: 394 Washington St Dor.

Received and filed 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45. G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

3

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 30

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 90 Washington Avenue ~~St.~~ Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles ~~[illegible]~~ Howard Squires
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 90 Washington Avenue ~~St.~~ Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 35 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of .... (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 5 Months 21 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Quartermaster (retired)
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. United States Navy
10 Date deceased last worked at this occupation (month and year) ....
11 Total time (years) spent in this occupation 34

12 BIRTHPLACE (City) Danville
(State or country) New York

PARENTS
13 NAME OF FATHER Lyman Cook Squires
14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)
15 MAIDEN NAME OF MOTHER Olive Kingsley
16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Mrs H. W. Kuchmeister Relation, if any
(Address) 13 Willow Ave. Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/6/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 4 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 30, 1939, to February 4, 1939, I last saw him alive on Feb. 4, 1939, death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Coronary Thrombosis	1/30/39

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1938
Epithelioma back of right ear	1935

Name of operation none Date of —
What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams, M. D.
(Address) 562 Shirley St Winthrop, Mass Date 2/6/39

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 7 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed FEB 21 1939 19
(Registrar)

Age should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

3

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH: Suffolk, (County)
Winthrop (City or Town)

(City or town making return)

Registered No. 31

No. 24 Tafts Ave St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Isaphine Dupee
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 24 Tafts Ave St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Harry E. Dupee
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years 9 Months 20 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Jan 1936
11 Total time (years) spent in this occupation 48 yrs

12 BIRTHPLACE (City) Greenfield
(State or country) N. H.

PARENTS
13 NAME OF FATHER John Ramsey
14 BIRTHPLACE OF FATHER (City) Peterboro
(State or country) N. H.
15 MAIDEN NAME OF MOTHER Mary Peterson
16 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country) Ohio

17 Informant Harry E Dupee (Son) Relation, if any
(Address) 170 Harvard Av. Wollaston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation)
Feb 5/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb (Month) 5 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I never saw her alive on ..., 19..., death is said to have occurred on the date stated above, at 7:45 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Natural Causes Probably	
Cerebral Hemorrhage	Feb 5 1939
Contributory causes of importance not related to principal cause:	
Hypertension	1929.
Diabetes	1929.

Name of operation none Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker Chm., M. D.
(Address) Winthrop Board of Health Date Feb 5 1939.

21 Norfolk, Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 7 1939

22 NAME OF UNDERTAKER David Fudge + Son
ADDRESS 100 Highland Ave, Somerville

Received and filed ... 19...

A TRUE COPY ATTEST (Registrar)

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

...PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 32

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 20 Thornton St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Jane (Frost) Walsh
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 20 Thornton St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 9 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of ...
(or) WIFE of George W. Walsh
(Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years 1 Months 2 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year): April 1938
11 Total time (years) spent in this occupation: 45

12 BIRTHPLACE (City) ...
(State or country) England

PARENTS
13 NAME OF FATHER: Isaac Frost
14 BIRTHPLACE OF FATHER (City) ...
(State or country) England
15 MAIDEN NAME OF MOTHER: Jane McInerney
16 BIRTHPLACE OF MOTHER (City) ...
(State or country) England

17 Informant: George W. Walsh. Relation, if any: (husband)
(Address) 20 Thornton St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress [illegible]
(Signature of Agent of Board of Health or other)
Health Officer — 2/11/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 2 (Month) 8 (Day) 39 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 10/11, 1937, to 2-8, 1939
I last saw her alive on 2-5, 1939, death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
Progressive muscular atrophy

Contributory causes of importance not related to principal cause:
Chronic nephritis

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) Harvey [illegible] Kelly, M. D.
(Address) Winthrop. Date 2/8 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 11 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed FEB [illegible] 19...
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

4

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 33

No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet L. Morris (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 100 Cliff Avenue St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 21 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Homes
10 Date deceased last worked at this occupation (month and year): 1934
11 Total time (years) spent in this occupation: 50

12 BIRTHPLACE (City) Milford
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER: John Morris
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER: Ellen Cooney
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Winifred Broughey Relation, if any (cousin)
(Address) 231 Park Drive Boston Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 2/16/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 14 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1939, to Feb. 14, 1939
I last saw her alive on Feb. 13, 1939, death is said to have occurred on the date stated above, at 10:30 am.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset (IMPORTANT)
arterio sclerosis	1932
Chronic myocarditis	1935
pernicious anemia	Dec. 1 1938

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lydie W. Dickinson M. D.
(Address) 89 Somerset Av. Date Feb. 15 1939

21 Holy Cross Malden Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 16, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed FEB 21 1939

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)

Registered No. 31

2 FULL NAME Ellen M (Morris) Green
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 100 Cliff Avenue St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John F. Green
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years Months Days
If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Milford, Mass.
(State or country)

PARENTS
13 NAME OF FATHER John Morris
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Ellen Cooney
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Winifred Broughey Relation, if any (Cousin)
(Address) 23 Park Drive Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress M.D.
(Signature of Agent of Board of Health or other)
Health Officer 2/16/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 15 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1939 to Feb. 15, 1939
I last saw her alive on Feb. 15. 1939, death is said to have occurred on the date stated above, at 2:54 m. P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Generalized Arteriosclerosis	1929
Chronic Myocarditis	1935

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify No
(Signed) Clyde W. Dickinson, M. D.
(Address) Winthrop, Mass. Date 2/16 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 17, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed FEB 21 1939

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Boston notified 3/9/39 corrected copy 4/7/39

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 35

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comunity Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Girl Coppola (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. ~~379 Frankfort~~ 102 Hyde Park Ave St., ~~Ward~~ ~~East Boston~~ Jamaica Plain
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here. Stillborn
7 AGE ...Years ...Months ...Days If less than 1 day ...Hours ...Minutes
OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) (State or country) Winthrop, Mass.
PARENTS
13 NAME OF FATHER Felice Coppola
14 BIRTHPLACE OF FATHER (City) (State or country) Italy
15 MAIDEN NAME OF MOTHER Concetta ~~Scauzillo~~ Scanzillo
16 BIRTHPLACE OF MOTHER (City) East (State or country) Boston
17 Informant Felice Coppola (Relation, if any father)
(Address) ~~379 Frankfort St. East Boston~~

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Feb. 18/39 (Date of Issue of Permit)

102 Hyde Park Ave Jamaica Plain

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February ~~15~~ 13 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February ~~15~~ 13, 1939, to Feb ~~15~~ 13, 1939
I last saw h er ~~alive on~~ Feb. ~~15~~ 13 1939, death is said to have occurred on the date stated above, at 10P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Still born. — Date of Onset (IMPORTANT): 2/~~15~~ 13/39

Contributory causes of importance not related to principal cause:
Posterior head position with small pelvis in mother

Name of operation Delivery — Date of 2/~~15~~ 13/39
What test confirmed diagnosis? none — Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) Geo. H. Schwartz M. D.
(Address) 19 ~~[illegible]~~ St E.B. Date 2/17 1939

21 St. Michael — Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 18 1939

22 NAME OF UNDERTAKER Patsy Rabino
ADDRESS 9 Chelsea St. East Boston

Received and filed FEB 21 1939 19
(Registrar)

Corrected copy mailed to Boston 4/11/39

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 36

1 PLACE OF DEATH SUFFOLK (County)
WINTHROP (City or Town)
No. 20 CORA ST. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ELLEN BOYLE KENNEDY (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 20 CORA ST St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: FEMALE
4 COLOR OR RACE: WHITE
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): MARRIED

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of JOHN J KENNEDY (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWN HOME
10 Date deceased last worked at this occupation (month and year) FEB 1939
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) IRELAND

PARENTS
13 NAME OF FATHER JOHN BOYLE
14 BIRTHPLACE OF FATHER (City) (State or country) IRELAND
15 MAIDEN NAME OF MOTHER MARY WALSH
16 BIRTHPLACE OF MOTHER (City) (State or country) IRELAND

17 Informant F KENNEDY (Relation, if any SON)
(Address) 20 CORA ST

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 2/18/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 17, (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1939, to Feb. 17, 1939
I last saw her alive on Feb. 17, 1939, death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Chronic myocarditis	1928
Arteriosclerosis	1928

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Pulmonary Edema	Feb. 16, 1939

Name of operation None Date of —
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Samuel B. Goldberg, M. D.
(Address) 270 Shirley St. Date 2/18/1939

21 WINTHROP WINTHROP
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL FEB 20 1939

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS WINTHROP

Received and filed FEB 21 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

301

...properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 45 Pleasant St., ... Ward ...... (If death occurred in a hospital or institution, give its NAME instead of street and number)

...... (City or town making return)
Registered No. 37

2 FULL NAME Lina Russell Oeffinger
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ......

(a) Residence. No. 45 Pleasant St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 15 years ...... months ...... days. How long in U.S., if of foreign birth? 51 years ...... months ...... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of ......
(Give maiden name of wife in full)
(or) WIFE of Charles W. Oeffinger
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 2 Months 13 Days. If less than 1 day ...... Hours ...... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ......
10 Date deceased last worked at this occupation (month and year) ......
11 Total time (years) spent in this occupation ......

12 BIRTHPLACE (City) Hantsport
(State or country) Novia Scotia

PARENTS
13 NAME OF FATHER: Thomas Young
14 BIRTHPLACE OF FATHER (City): Burlington
(State or country): Novia Scotia
15 MAIDEN NAME OF MOTHER: Kirtpatrick
16 BIRTHPLACE OF MOTHER (City): Windsor
(State or country): Novia Scotia

17 Informant Charles W. Oeffinger (Relation, if any: Husband)
(Address) 45 Pleasant St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. [illegible]
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/20/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Febuary (Month) 17 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to February 17, 1939
I last saw her alive on February 17, 1939, death is said to have occurred on the date stated above, at 6:45 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Chronic myocarditis	1930
Auricular fibrillation	1937
Cerebral accident (thrombosis)	1/28/39
Terminal bronchopneumonia	2/15/39

Contributory causes of importance not related to principal cause: ......

Name of operation ...... Date of ......
What test confirmed diagnosis? ...... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ......
(Signed) [illegible], M. D.
(Address) Winthrop Date 2/20 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 20, 1939

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St Winthrop Mass

Received and filed FEB 21 1939
A TRUE COPY ATTEST: (Registrar)

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of tl. family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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...so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 38

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 100 Fremont St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie(Marshall) Ward
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 100 Fremont St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Thomas Ward (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Feb.12. 1939
11 Total time (years) spent in this occupation 16

12 BIRTHPLACE (City) New York
(State or country) New York

PARENTS
13 NAME OF FATHER Elisha Marshall
14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)
15 MAIDEN NAME OF MOTHER Unable to obtain
16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Thomas Ward (Relation, if any: husband)
(Address) 100 Fremont St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress
(Signature of Agent of Board of Health or other)
Health Officer — 2/20/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 18, (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1939, to Feb. 18, 1939
I last saw her alive on Feb. 18, 1939, death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance in order of onset were as follows: — Date of Onset
Cancer of Right Lung — 1933
Chronic Myocarditis — 1933

Contributory causes of importance not related to principal cause:
Pulmonary Edema — Feb. 17, 1939

Name of operation None Date of —
What test confirmed diagnosis? X-ray Exam Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Samuel B. Goldberg, M. D.
(Address) 270 Shirley St. Date Feb 20, 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 20, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed FEB 21 1939

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 39

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 507 Shirley St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Fitzpatrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 507 Shirley St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 2 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Edward Fitzpatrick (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Charlton
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Patrick MacDonald
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary E. Kenney
16 BIRTHPLACE OF MOTHER (City) ~~Leicster~~ Leicester
(State or country) Massachusetts

17 Informant Mrs Chas Smith Relation, if any (daughter)
(Address) 507 Shirley St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) Feb. 19/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 18 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from February 7, 1939, to February 18, 1939
I last saw her alive on February 18, 1939, death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Generalized arteriosclerosis	
Coronary occlusion	2/7/39
Broncho-pneumonia	2/16/39

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop, Mass Date 2/19/1939

21 Place of Burial, Cremation or Removal. (City or Town) Bothery Spencer Mass
DATE OF BURIAL February 21 1939

22 NAME OF UNDERTAKER M. A. Chester
ADDRESS 333 Dudley St Roxbury Mass

Received and filed FEB 21 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular **kind** of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The left margin, printed sideways: ...should be carefully... in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

3

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)

(City or town making return)
Registered No. 40

No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret A. (Keating) Swift Swift
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 10 Sturgis St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 13 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Swift (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years 8 Months 18 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year): Feb. 9. 1939
11 Total time (years) spent in this occupation: 52

12 BIRTHPLACE (City) Rochester
(State or country) New Hampshire

PARENTS
13 NAME OF FATHER: Patrick Keating
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Ellen O'Brien
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant Mrs. Dennis F. O'Connor Relation, if any: neice
(Address) 545 Summit St Arlington Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/20/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February 19 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 13 1939, to Feb 19 1939
I last saw her alive on Feb. 18, 1939, death is said to have occurred on the date stated above, at 1.16 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Chronic myocarditis	1935
Cerebral Hemorrhage	Feb. 12-1939.

Contributory causes of importance not related to principal cause:

Name of operation: none. Date of
What test confirmed diagnosis? Clinical. Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible signature], M.D.
(Address) Winthrop, Mass. Date Feb. 20 1939.

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL February 21, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
FEB 21 1939

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 41

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. 10-Wave Way Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna Lurensky (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 10-Wave Way Ave. Ward, Winthrop Mass. (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 years months days. How long in U.S., if of foreign birth? 17 years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female; 4 COLOR OR RACE White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married	18 DATE OF DEATH Feb. (Month) 22, (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Eli Lurensky (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939, to Feb. 22, 1939, I last saw her alive on Feb. 22, 1939, death is said to have occurred on the date stated above, at 1:45 P.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
7 AGE 79 Years Months Days; If less than 1 day Hours Minutes	Cerebral Hemorrhage 1939.
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife	Broncho-Pneumonia 1939
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home	
10 Date deceased last worked at this occupation (month and year); 11 Total time (years) spent in this occupation	Contributory causes of importance not related to principal cause:
12 BIRTHPLACE (City) (State or country) Russia	
13 NAME OF FATHER Abraham Shwack	Name of operation None Date of
14 BIRTHPLACE OF FATHER (City) (State or country) Russia	What test confirmed diagnosis? no Was there an autopsy? no
15 MAIDEN NAME OF MOTHER Sarah Camothy Cerney	20 Was disease or injury in any way related to occupation of deceased? no If so, specify
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia	(Signed) Charles Liberman, M. D. (Address) 26 Wave Way Ave. Date 2/22/1939.
17 Informant David Lurensky Son (Relation, if any) (Address) 15-Coral Ave. Winthrop	21 Kenneseth Israel Cem. Woburn — Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL Feb. 23- 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: W. M. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 2/23/39 (Date of Issue of Permit)	22 NAME OF UNDERTAKER Maurel Stanetsky ADDRESS 10-Wash. St. Dor.
	Received and filed 19 FEB 28 1939 (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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Example

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Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

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GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

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....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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RULES OF PRACTICE

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R301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 42

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 194 Main St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John F. Donovan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 194 Main St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 3 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 58 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co.
10 Date deceased last worked at this occupation (month and year) Jan 1934
11 Total time (years) spent in this occupation 38

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER James Donovan
14 BIRTHPLACE OF FATHER (City) ?
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Mannion
16 BIRTHPLACE OF MOTHER (City) ?
(State or country) Ireland

17 Informant Mary Donovan (Relation, if any: sister)
(Address) 194 Main St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
[signature] Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 2/25/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. (Month) 22 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939, to Feb. 22, 1939, I last saw him alive on Feb. 22, 1939, death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

angina pectoris

Contributory causes of importance not related to principal cause:
Coronary infarct
myocarditis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. [illegible], M. D.
(Address) [illegible] Date 2/23 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 25 1939

22 NAME OF UNDERTAKER Edwin A. Lanz
ADDRESS 201 Bowdoin St Dor

Received and filed FEB 28 1939 19
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

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GOVERNING THE

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R301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 48

1 PLACE OF DEATH: Dept. of Health Borough of Manhattan (County) New York (City or Town)
No. Bellevue Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary A. Sweeney
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 40 Taylor St Winthrop, Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Registered nurse
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year): Dec 1936
11 Total time (years) spent in this occupation: 20

12 BIRTHPLACE (City): East Boston (State or country): Mass

PARENTS
13 NAME OF FATHER: John C. Sweeney
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Ann M Short
16 BIRTHPLACE OF MOTHER (City): Boston (State or country): Mass

17 Informant: John C Sweeney Relation, if any (Brother)
(Address): 40 Taylor St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 2/25/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Feb (Month) 23 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19, death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance in order of onset were as follows: — Date of Onset IMPORTANT

Heart Disease

Contributory causes of importance not related to principal cause:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John T. Walsh, M. D.
(Address) Date 19

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb 27 1939

22 NAME OF UNDERTAKER: Frederick J Magrath
ADDRESS: 64 Meridian St E Boston

Received and filed FEB 28 1939 19
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

72 H-1938

TRANSIT PERMIT

DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN

No. 4795

1939 FEB 23 PM 2 55

DEPARTMENT OF HEALTH OF THE CITY OF NEW YORK

This Permit must be properly signed and presented, with Undertaker's Certificate, to the Railroad, Express or other Transportation Agent, before a body can be shipped.

New York,..19........

The Certificate of Death, having been furnished to me, as required by the Laws of this State, permission is hereby granted to Victor Johnston holder of Undertaker's License No. 1278 for the removal and shipment for burial at ~~cremation~~ Holy Cross Cemetery at ~~Crematory~~ (When obtainable) Boston State of Mass the body of Mary Greene who died in the Borough of Man County of NY, N. Y., on 2/23, 1939, at 4 A.M. Aged 49 years..........months..........days F sex W color, the cause of death being Heart Disease

which necessitates shipment under Rule No. 2 of the Rules of the New York State Department of Health for the Transportation of the Dead, as printed on the back of this Permit.

Victor Johnston
(Signature of Undertaker)

Signed John T. Walsh, M. D.
Ass't Registrar

This Permit must be detached and delivered to the Person in charge of the Corpse.

NEW YORK

STATE DEPARTMENT OF HEALTH

ALBANY

SPECIAL ADMINISTRATIVE REGULATION RELATING TO THE TRANSPORTATION OF DEAD BODIES BY COMMON CARRIERS

[In effect throughout the State of New York, except in the City of New York, on September 1, 1932]

Regulation 1. Transportation of dead bodies by common carriers. The transportation of dead human bodies by common carriers shall be conducted in such manner as not to be a menace to health and shall conform to the following requirements:

(1) A transit permit and transit label issued by the local registrar of vital statistics must accompany each dead body transported by a common carrier.

The transit permit shall state the date of issuance, the name, sex, race and age of the deceased, and the cause and date of death. The transit permit shall also state the date and route of shipment, the point of shipment and destination, the method or preparation of the body, and shall bear the signature of the undertaker and the signature and official title of the officer issuing the permit.

The transit label shall state the date of issuance, the name of the deceased, the place and date of death, the name of the escort or consignee, the point of shipment and destination; and shall bear the signature and official title of the officer who issued the transit permit. The transit label shall be attached to the outer box or case.

(2) The transportation by common carriers of bodies dead of any diseases other than those mentioned in subdivision 3 shall be permitted only under the following conditions:

(a) The coffin or casket shall be encased in a strong outer box made of good sound lumber, not less than ⅞ of an inch thick. All joints shall be securely put together and the box tightly closed. Either the coffin or casket, or the outer box or case, shall be water-tight. Every outside case holding any dead body offered for transportation by common carrier shall bear at least four handles and when over 5 feet 6 inches in length, shall bear six handles.

(b) When the destination cannot be reached within 60 hours after death, all body orifices shall be closed with absorbent cotton and the body placed at once in a coffin or casket which shall be immediately closed and the coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(3) The transportation by common carrier of bodies dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria (membranous croup, diphtheritic sore throat), scarlet fever (scarlet rash, scarlatina), shall be permitted only under the following conditions:

All body orifices shall be closed with absorbent cotton, the body shall be enveloped in a sheet saturated with an effective disinfecting fluid and shall be placed at once in a coffin which shall be immediately and permanently closed. The coffin or casket shall be prepared as indicated in subdivision (2-a) of this regulation.

(4) No dead bodies shall be disinterred for transportation by common carrier, or for removal to another cemetery in the same registration district, or in another district, but not requiring shipment by common carrier, without the previous consent of authorities having jurisdiction at the place of disinterment.

The undertaker shall make a request to disinter the body on a form provided for the purpose. This form shall provide for a statement of principal facts concerning the decedent, whether body is to be transported by common carrier or otherwise, final disposition of same, and approval of health officer. Upon receipt of such request the local registrar shall issue a transit permit and transit label as required by subdivision 1 and the provisions of subdivision (2-a) shall apply.

R-301A

... tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

5

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 44

1 PLACE OF DEATH
(County) Suffolk
(City or Town) Winthrop
No. Community Hosp. Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ursula Rita Muldoon
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 196 Woodside Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brokers office
10 Date deceased last worked at this occupation (month and year) 2/10/39
11 Total time (years) spent in this occupation 12

12 BIRTHPLACE (City) Roxbury
(State or country) Mass

PARENTS
13 NAME OF FATHER Joseph E. Muldoon
14 BIRTHPLACE OF FATHER (City) Waltham
(State or country) Mass
15 MAIDEN NAME OF MOTHER Mary A Noonan
16 BIRTHPLACE OF MOTHER (City) Waltham
(State or country) Mass

17 Informant Mrs Noonan (Relation, if any Aunt)
(Address) 196 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer 2/25/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 23 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1939, to Feb 23, 1939
I last saw her alive on Feb. 22, 1939, death is said to have occurred on the date stated above, at 5.30 A. m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset IMPORTANT

Lobar pneumonia — Feb 18

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E. [illegible], M. D.
(Address) [illegible] Date 2-24 1939

21 Calvary Waltham
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 2/25/39 19

22 NAME OF UNDERTAKER Kirby Bros
ADDRESS 148 Bennington St. E. Boston

Received and filed FEB 28 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying. E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156F

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 45

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 137 Court Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlotte H. Lally
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 137 Court Road St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years — Months — Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bank
10 Date deceased last worked at this occupation (month and year): Dec. 1938
11 Total time (years) spent in this occupation: 20 years

12 BIRTHPLACE (City) (State or country): Boston Mass.

PARENTS
13 NAME OF FATHER: Patrick Lally
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Margaret Norton
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Jenny Lally (Relation, if any: Sister)
(Address) 137 Court Road

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation)
Feb. 26/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Feb (Month) 24 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938, to Feb 24, 1939
I last saw h[er] alive on Feb 24, 1939 death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Chronic Myocarditis	1938

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Arteriosclerosis	1938

Name of operation — Date of [illegible]
What test confirmed diagnosis? Stethoscope Was there an autopsy? [illegible]

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date Feb 25 1939

21 Old Calvary Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 27 1939

22 NAME OF UNDERTAKER Edwin H. Lane
ADDRESS 201 Bowdoin St. Dorchester

Received and filed ... 19...

FEB 28 1939 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 46

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 10 Wave Way Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eli Lurensky
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 10 Wave Way Ave. Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 years months days. How long in U.S., if of foreign birth? 17 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widower

5a If married, widowed, or divorced HUSBAND of Anna Shwach (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 85 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dairy-Dealer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: For Himself
10 Date deceased last worked at this occupation (month and year): 1920
11 Total time (years) spent in this occupation: yrs

12 BIRTHPLACE (City) (State or country): Russia

PARENTS
13 NAME OF FATHER: Moris Lurensky
14 BIRTHPLACE OF FATHER (City) (State or country): Russia
15 MAIDEN NAME OF MOTHER: Worthy-Carmody (Cramed)
16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: David Lurensky (Son) Relation, if any
(Address) 15 Cornell Road Wthp.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) Feb. 24/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH February (Month) 24 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1939, to Feb. 24, 1939
I last saw him alive on Feb. 24, 1939, death is said to have occurred on the date stated above, at 11:20 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Lobar Pneumonia - (Bi-lateral	2/20/39
Chronic Bronchial Asthma	50 yrs
Generalized Arteriosclerosis	

Contributory causes of importance not related to principal cause:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Samuel H. Boyer, M. D.
(Address) 77 Church St. Winthrop Date 2/24 1939

21 Kennesetts Israel Cem. Woburn
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Feb. 26 1939

22 NAME OF UNDERTAKER Samuel Stoletsky
ADDRESS 10 Wash. St. Wor.

Received and filed FEB 28 1939 19
(Registrar)

...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Revised United States Standard Certificate of Death

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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Example

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Arteriosclerosis	*1915*
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COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

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No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

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R-301A

Revere notified 3/9/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 47

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edith Sophie (Johansson) Nelson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR.)

(a) Residence. No. 524 Boulevard XX, Ward, Revere Mass
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? 28 years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female. 4 COLOR OR RACE: White. 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: Feb 25, 1939 (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of .... (Give maiden name of wife in full) (or) WIFE of Bror O. Nelson (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Jan —, 1938, to Feb 25, 1939; I last saw her alive on Feb 25, 1939, death is said to have occurred on the date stated above, at 4.40 P.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT
7 AGE 52 Years 8 Months 15 Days. If less than 1 day ....Hours ....Minutes	Carcinoma of Intestine — 1938
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home	
10 Date deceased last worked at this occupation (month and year) Feb.12 1939. 11 Total time (years) spent in this occupation	Contributory causes of importance not related to principal cause:
12 BIRTHPLACE (City) .... (State or country) Sweden	
PARENTS: 13 NAME OF FATHER Carl Johansson	Name of operation Cholestomy Date of Feb 24 1939. What test confirmed diagnosis? Lat. Was there an autopsy? no
14 BIRTHPLACE OF FATHER (City) .... (State or country) Sweden	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify
15 MAIDEN NAME OF MOTHER Ann Helgerson	(Signed) Edward Polen M. D.
16 BIRTHPLACE OF MOTHER (City) .... (State or country) Sweden	(Address) 164 Shirley St Revere Date 2.26 1939
17 Informant Bror O. Nelson (Relation, if any: husband) (Address) 524 Boulevard Revere Mass	21 Mt Auburn Cambridge Mass. Place of Burial, Cremation or Removal (City or Town). DATE OF BURIAL February 28 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Chidsey (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 2/27/39 (Date of Issue of Permit)	22 NAME OF UNDERTAKER Charles R. Bennison. ADDRESS Winthrop Mass
	Received and filed FEB 28 1939 19.... (Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2M R-302

30m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Peter Bent Brigham Hosp St., ... Ward .... (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)

Registered No. 1352

2 FULL NAME Elizabeth A Corinna
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 48

(a) Residence. No. 242 Lincoln St., ... Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Anthony Corinna (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years .... Months .... Days — If less than 1 day .... Hours .... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10 Date deceased last worked at this occupation (month and year) 9/38

11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) .... (State or country) ---

PARENTS

13 NAME OF FATHER - Feenan

14 BIRTHPLACE OF FATHER (City) .... (State or country) ----

15 MAIDEN NAME OF MOTHER ----

16 BIRTHPLACE OF MOTHER (City) .... (State or country) -----

17 Informant (Address) Henry — Relation, if any (son)

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED 2/14/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 10/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 1/31/39, 19 ... to 2/10/39, 19 ...
I last saw her alive on 2/10/39, 19 ..., death is said to have occurred on the date stated above, at 8.15a m.

The principal cause of death and related causes of importance in order of onset were as follows: — Date of onset

Cause	Date of onset
chr myocarditis	yrs
coronary thrombosis	4 mos
broncho pneumonia	10 dys

Contributory causes of importance not related to principal cause:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? ....

20 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) W B Osgood, M. D.
(Address) Peter B B Hosp Date 2/12/39 19

21 Winthrop-Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 2/13/39 19

22 NAME OF UNDERTAKER J F O'Maley
ADDRESS Winthrop

Received and filed .... 19 ....

(Registrar of City or Town where deceased resided)

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

APR - 4 1939 AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Malden (City or town making return)

Registered No. 49

1 PLACE OF DEATH
Middlesex (County)
Malden (City or Town)
No. Malden Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Donald Kay Marston
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 Sagamore Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 19 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE - Years - Months 19 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. -
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. -
10 Date deceased last worked at this occupation (month and year) -
11 Total time (years) spent in this occupation -

12 BIRTHPLACE (City) Malden
(State or country) Mass.

PARENTS
13 NAME OF FATHER Edward Alton Marston, Jr
14 BIRTHPLACE OF FATHER (City) Malden
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Verna Kay
16 BIRTHPLACE OF MOTHER (City) Passaic
(State or country) N. J.

17 Informant (Address) Ruth Wilson
23 Charles St., Winthrop
Relation, if any ( )

A TRUE COPY.
ATTEST: Bessie L. Holden
(Registrar of city or town where death occurred)

DATE FILED Feb. 21, 1939 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 14, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1939 to Feb. 14, 1939
I last saw him alive on Feb. 13, 1939, death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Broncho Pneumonia	2/9/39

Contributory causes of importance not related to principal cause:

Cause	Date of onset
Pyloro spasm	1/26/39

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical findings Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Kenneth K. Day, M. D.
(Address) Malden, Mass. Date 2/14/1939

21 Mt. Auburn Cambridge
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 2/16/39 19

22 NAME OF UNDERTAKER C.R. Bennison
ADDRESS Winthrop, Mass.

Received and filed 19

(Registrar of City or Town where deceased resided)

OFFICE OF TOWN CLERK
WINTHROP, MASS.
MAR 11 1939 AM

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Mass General Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)

Registered No. 1507

2 FULL NAME Margaret C O'Leary (If U. S. War Veteran, specify WAR) 50

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 51 Birch Rd St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Arthur A O'Leary (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 6 Months 28 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) -

11 Total time (years) spent in this occupation -

12 BIRTHPLACE (City) (State or country) Boston

PARENTS

13 NAME OF FATHER Richard Leonard

14 BIRTHPLACE OF FATHER (City) (State or country) ---

15 MAIDEN NAME OF MOTHER Margaret Cullen

16 BIRTHPLACE OF MOTHER (City) (State or country) ---

17 Informant Leonard A (Address) Relation, if any (son)

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 2/17/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb 14/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/28/38, 19 , to 2/14/39, 19
I last saw her alive on 2/14/39, 19 , death is said to have occurred on the date stated above, at 10.45p m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

carcinoma of the transverse colon 4mos
br pneumonia 2dys

Contributory causes of importance not related to principal cause:

Name of operation laparotomy Date of 1/3/39
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) M J Rhoes, M. D.
(Address) Mass Gen Hosp Date 2/15/39 19

21 Winthrop-Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 2/17/39 19

22 NAME OF UNDERTAKER R H White
ADDRESS Winthrop

~~2/17/39~~

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
APR - 4 1939 AM

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 51

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rose C. Wilder (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 Thornton St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 yrs. 19 mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) London, (State or country) England

PARENTS

13 NAME OF FATHER George Wilder

14 BIRTHPLACE OF FATHER (City) London (State or country) England

15 MAIDEN NAME OF MOTHER Margaret Burke

16 BIRTHPLACE OF MOTHER (City) London (State or country) England

17 Informant M. R. McPhillips Relation, if any ( )
(Address) DSH

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 2/28/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Feb. 20, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1938, to Feb. 20, 1939

I last saw her alive on Feb. 20, 1939 death is said to have occurred on the date stated above, at 8.40 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Lobar pneumonia	3 days
Hypertension	1 yr
Hypertensive heart disease	1 yr
General arteriosclerosis	4 yrs

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? clin. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Melvin Goodman, M. D.

(Address) DSH Date 2/24/39 19

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Feb. 22, 1939 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

1765
WINTHROP MASS
MAR 11 1939 AM

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

M R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 1969

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. St Elizabeth's Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Estelle Beveridge
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 52

(a) Residence. No. 506 Pleasant St Winthrop Mass St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Murray V Beveridge
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE: 68 Years 7 Months 4 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Houswife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10 Date deceased last worked at this occupation (month and year): ---
11 Total time (years) spent in this occupation: ---

12 BIRTHPLACE (City) (State or country): Danvers Mass

PARENTS
13 NAME OF FATHER: Nathan Harris
14 BIRTHPLACE OF FATHER (City) (State or country): ---
15 MAIDEN NAME OF MOTHER: Sara Doane
16 BIRTHPLACE OF MOTHER (City) (State or country): Yarmouth N Scotia

17 Informant: Husband Relation, if any
(Address) 506 Pleasant St Winthrop Mass

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 3/2/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Feb.28,1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb.5 1939, to Feb.28, 1939.
I last saw her alive on Feb.28, 1939, death is said to have occurred on the date stated above, at 5.15A m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Terminal Broncho Pneumonia	4 Das
Cardiac decompensation	4 Das

Contributory causes of importance not related to principal cause:

Multiple sclerosis	5 Yrs

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) E B Thomas, M. D.
(Address) St Elizabeth's Hospt Date 2-28 1939

21 Place of Burial, Cremation or Removal (City or Town): Winthrop Cem-Winthrop Mass
DATE OF BURIAL March 2,1939

22 NAME OF UNDERTAKER R H White
ADDRESS 147 Winthrop St Winthrop Mass

Received and filed March 2,1939 19

(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
APR-4 1939 AM

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 53

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jessie Eliza (Walsh) Davy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 20 Thornton St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 18 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of LeRoy Gordon Davy (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 42 Years 7 Months 6 Days — If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year): Feb. 1939
11 Total time (years) spent in this occupation: 18

12 BIRTHPLACE (City) (State or country): Rhode Island

PARENTS
13 NAME OF FATHER: George W. Walsh
14 BIRTHPLACE OF FATHER (City) (State or country): -----------
15 MAIDEN NAME OF MOTHER: Mary Jane Frost
16 BIRTHPLACE OF MOTHER (City) (State or country): England

17 Informant LeRoy G. Davy (Relation, if any: husband)
(Address) 20 Thornton St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 3 (Month) 1 (Day) 39 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/21, 1939, to 3/1, 1939.
I last saw her alive on 3/1, 1939, death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance in order of onset were as follows:
Acute Dilatation of Heart — Date of Onset (IMPORTANT): 3/1/39

Contributory causes of importance not related to principal cause:
obstructive jaundice with common duct stone

Name of operation Exploratory Laparotomy Date of 3/1/39
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Henry W. [illegible], M. D.
(Address) Winthrop Date 3/2 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 4, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed MAR 3 1939 (Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 54

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 116 Grovers Ave. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martin Singer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 116 Grovers Ave St. Ward.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed
5a If married, widowed, or divorced HUSBAND of Annie Troitsky (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 76 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Dealer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Store
10 Date deceased last worked at this occupation (month and year) 1936
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) Russia

PARENTS
13 NAME OF FATHER (unknown)
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER (unknown)
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Julius M. Singer Relation, if any (son)
(Address) 640 Huntington Ave, Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial, or transit permit was issued:
Wm. D. Childress, (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 3 (Day), 1939. (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. , 1936, to March 2, 1939
I last saw him alive on Mar. 2, 1939, death is said to have occurred on the date stated above, at 2 A. m. Mar 3, 1939
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	3/2/39
Bronchio-Pneumonia	3/2/39
Hypertension	1936
Hypertensive Heart Disease	1936

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Charles Libmann, M. D.
(Address) 21 Wave Way Date 3/3/1939

21 David Vicur Choulim, W. Rox
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 3, 1939

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard St, Brookline

Received and filed MAR 3 1939 19
(Registrar)

Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate. ... in plain terms, so that it may be properly classified.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 55

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 54 Cliff Avenue St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mabel Jane (Ashley) Clough
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ......

(a) Residence. No. 54 Cliff Avenue St. Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 30 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of ......
(Give maiden name of wife in full)
(or) WIFE of Herbert Newell Clough
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years ...... Months ...... Days | If less than 1 day ...... Hours ...... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Feb. 1939
11 Total time (years) spent in this occupation 39

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Alfred Ashley
14 BIRTHPLACE OF FATHER (City) ......
(State or country) England
15 MAIDEN NAME OF MOTHER Unable to obtain
16 BIRTHPLACE OF MOTHER (City) ......
(State or country) Unable to obtain

17 Informant Herbert N. Clough (Relation, if any: husband)
(Address) 54 Cliff Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 3/6/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. (Month) 4 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939 to March 4, 1939
I last saw h[er] alive on March 3, 1939, death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Myocarditis	2/26/39
Age	

Contributory causes of importance not related to principal cause:

Arterio Sclerosis + Hypertension	1938

Name of operation ...... Date of ......
What test confirmed diagnosis? ...... Was there an autopsy? ......

20 Was disease or injury in any way related to occupation of deceased? ......
If so, specify ......
(Signed) [illegible] M.D.
(Address) 20 [illegible] Date 3/6 1939

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 6, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ...... 19......

(Registrar)

...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and

R-301A

Revere Notified 4/7/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 56

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hos. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Vigdor (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 784 Winthrop Ave. Ward, Revere
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE ..... Years ..... Months ..... Days — If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Winthrop, Mass.

PARENTS
13 NAME OF FATHER Philip Vigdor
14 BIRTHPLACE OF FATHER (City) (State or country) Somerville, Mass
15 MAIDEN NAME OF MOTHER Irene Richards
16 BIRTHPLACE OF MOTHER (City) (State or country) Chelsea, Mass

17 Informant Philip Vigdor Relation if any (Father)
(Address) 784 Winthrop Ave.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/7/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 4 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Stillborn, 19..., to March 4, 1939
I last saw h... alive on ....., 19..., death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT

Stillborn
due to
Toxemia of Pregnancy

Contributory causes of importance not related to principal cause:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John F. Collins, M. D.
(Address) Revere Mass. Date 3/7 1939

21 Rabbi Isaac Cem. Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 7 1939

22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky
ADDRESS 10 Wash. St. Bos.

Received and filed MAR 8 1939 19...
(Registrar)

...should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m.9.'37 No. 1859

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb nther than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall nave been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Chelsea

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Fort Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)
Registered No. 2915

2 FULL NAME JOHN KLIMARCHUK
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 24 Spruce Chelsea Mass St., 2 Ward, Chelsea, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male	18 DATE OF DEATH: March (Month) 5th (Day) 1939 (Year)
4 COLOR OR RACE: White	
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single	
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from February 13, 1939, to March 5, 1939. I last saw him alive on March 5, 1939, death is said to have occurred on the date stated above, at 6:00 A.M.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Valvular heart disease, aortic regurgitation. Date of Onset: Unknown
7 AGE 19 Years 11 Months 21 Days. If less than 1 day ... Hours ... Minutes	Contributory causes of importance not related to principal cause: None
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: CCC Greenfield Mass	Name of operation: None. Date of
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: CCC Camp 1159	What test confirmed diagnosis? X-Ray and clinical findings. Was there an autopsy? No
10 Date deceased last worked at this occupation (month and year): Feb 13/39. 11 Total time (years) spent in this occupation: 18 mo.	20 Was disease or injury in any way related to occupation of deceased? No. If so, specify
12 BIRTHPLACE (City): (Unknown) Chelsea. (State or country): Mass	(Signed) [signature], M. D. (Address) C. H. SALE, Lt. Col MC, Fort Banks, Mass. Date Mar. 5, 1939
13 NAME OF FATHER: Trofim (Unknown) Klimarchuk	21 PLACE OF BURIAL, CREMATION OR REMOVAL: Glenwood (Cemetery) Everett (City or town)
14 BIRTHPLACE OF FATHER (City): (Unknown). (State or country): Russia	DATE OF BURIAL: Mar 8, 1939
15 MAIDEN NAME OF MOTHER: Sophie (Klimarchuk) Saloway	22 NAME OF UNDERTAKER: Walter S. Valata
16 BIRTHPLACE OF MOTHER (City): (Unknown). (State or country): Russia	ADDRESS: 75 Broadway Chelsea
17 Informant: Registrar, Sta Hosp Ft Banks, Mass. (Address) Mr & Mrs Klimarchuk, 24 Spruce St Chelsea. Relation, if any	Received and filed 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other). Health Officer (Official Designation). 3/7/39 (Date of Issue of Permit)	(Registrar) A TRUE COPY, ATTEST:

100m-12-'34. No. 2938-e

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1919*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

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PHYSICIANS should state CAUSE OF DEATH ... exact statement of OCCUPATION are very important. Age should be stated EXACTLY. ... should be carefully supplied. ... in plain terms, so that it may be properly classified. Date of onset and exact statement of ... important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

To be filed for burial permit with Board of Health or its Agent.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 53

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 31 Cross St St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Michael Francis Brooks
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 31 Cross St St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Julia Rogers (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.Post Office
10 Date deceased last worked at this occupation (month and year) May 1932
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER John Brooks
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Catherine Morgan
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Julia Brooks (Address) 31 Cross St
Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress ? (Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
3/10/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 9 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1939, to March 9, 1939
I last saw h[im] alive on March 8, 1939, death is said to have occurred on the date stated above, at 6.30 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Cerebral Hemorrhage	2/15/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
acute prostatitis	2/6

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. J. Mahoney M. D.
(Address) Washington Av Date 3-9-1939

21 Calvary Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 11 1939

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed MAR 20 1939

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, hut also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36. No. 9080 F

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 59

No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Blanche Fredenheimer DeWilde (If deceased a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 87 Shore Drive, Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of Moe DeWilde (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years 5 Months 7 Days If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Albany (State or country) N.Y.

PARENTS

13 NAME OF FATHER Moses Fredenheimer

14 BIRTHPLACE OF FATHER (City) Albany (State or country) N.Y.

15 MAIDEN NAME OF MOTHER Amelia Schuster

16 BIRTHPLACE OF MOTHER (City) Albany (State or country) N.Y.

17 Informant Moe DeWilde (Relation, if any: Husband)
(Address) 87 Shore Drive, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. P. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/13/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 12 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 9, 1939, to March 12, 1939

I last saw her alive on March 12, 1939, death is said to have occurred on the date stated above, at 10.15 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
carcinoma of breast	1934
Hypertension	
chronic myocarditis	Feb 10-1939
arterio sclerosis	

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
coronary thrombosis	March 12-1939

Name of operation breast removed Date of 1934

What test confirmed diagnosis? [illegible] Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank F. Smdlin [illegible], M. D.

(Address) Revere Date 3/13 1939

21 Forest Hills Crematory, Boston
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL March 14 1939

22 NAME OF UNDERTAKER Eastman Funeral Service C. H. Eastman

ADDRESS 896 Beacon St; Boston, Mass.

Received and filed MAR 17 1939 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 60

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. Winthrop Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles W. Gray (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 649 Shirley St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 55 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Helen Spry (Gray) (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 81 Years 1 Months 6 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture Shop

10 Date deceased last worked at this occupation (month and year) 1926

11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Boston (State or country) Mass.

PARENTS

13 NAME OF FATHER Joseph Gray

14 BIRTHPLACE OF FATHER (City) Sheffield (State or country) Vermont

15 MAIDEN NAME OF MOTHER Jerusia Piper

16 BIRTHPLACE OF MOTHER (City) Sheffield (State or country) Vermont

17 Informant Mrs. Rodda Ells Relation, if any (Daughter)
(Address) 228 Court Rd., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 3/15/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 13 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 10, 1939, to March 13, 1939.
I last saw him alive on March 13, 1939, death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Myocarditis	Mar 10-39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Broncho-pneumonia	March 12-39

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Louis J. Salerno, M. D.
(Address) 175 Pleasant St Date Mar 14 1939

21 Mt. Auburn Cambridge Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 15, 1939 19

22 NAME OF UNDERTAKER Richard W. White
ADDRESS 147 Winthrop St., Winthrop

MAR 20 1939

Received and filed ... 19 ...

A TRUE COPY ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-1.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 61

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 62 Sargent St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine A. Grady (Walsh) (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 62 Sargent St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 13 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Frank H. Grady (Husband's name in full)
6 IF STILLBORN, enter that fact here. —
7 AGE 48 Years 8 Months 8 Days. If less than 1 day ... Hours ... Minutes
OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10 Date deceased last worked at this occupation (month and year) March 1939
11 Total time (years) spent in this occupation
12 BIRTHPLACE (City) East Boston (State or country) Mass
PARENTS
13 NAME OF FATHER Thomas A. Walsh
14 BIRTHPLACE OF FATHER (City) Halifax (State or country) N.S.
15 MAIDEN NAME OF MOTHER Margaret A. Murphy
16 BIRTHPLACE OF MOTHER (City) St. John (State or country) New Brunswick
17 Informant Frank H. Grady Relation, if any (husband)
(Address) 62 Sargent St., E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/14/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 13 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1938, to March 13, 1939
I last saw her alive on March 12, 1939, death is said to have occurred on the date stated above, at 2.45 A m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT
Chronic Brights Dis

Contributory causes of importance not related to principal cause:
hypostatic pneumonia 3/10

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] Mahoney, M. D.
(Address) 4 Washington av Date 3/13 1939

21 Winthrop, Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 15, 1939

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St., E.B.

Received and filed MAR 20 1939 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

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COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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RULES OF PRACTICE

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 62

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 90 Highland Avenue St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emeline L. (Beckett) Green
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 90 Highland Avenue St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Jeremiah J. Green (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10 Date deceased last worked at this occupation (month and year): March 1939
11 Total time (years) spent in this occupation: 50

12 BIRTHPLACE (City): Cambridge
(State or country): Massachusetts

PARENTS
13 NAME OF FATHER: Richard Beckett
14 BIRTHPLACE OF FATHER (City): Cambridge
(State or country): Massachusetts
15 MAIDEN NAME OF MOTHER: Ann McLean
16 BIRTHPLACE OF MOTHER (City): Cambridge
(State or country): Massachusetts

17 Informant: Thomas Green (Relation, if any: son)
(Address): 90 Highland Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Childress (Signature of Agent of Board of Health or other)
HO. (Official Designation)
3/17/39. (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March (Month) 16 (Day) 1939. (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 11, 1939, to March 16, 1939,
I last saw h[er] alive on March 16, 1939, death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
La Grippe	Mar 11 1939
Bronchial Pneumonia	Mar 14 1939

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Chronic Myocarditis	1935

Name of operation: none Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass Date Mar 17 1939

21 Cambridge Cambridge
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 18 1939

22 NAME OF FUNERAL DIRECTOR: John E. O'Maley
ADDRESS: Winthrop, Massachusetts

Received and filed MAR 27 1939 19

(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease, and**

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

30m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Danvers (City or town making return)

Registered No. 63

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Joseph Woodside (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 145 Herman St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. 2 mos. 12 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) San Francisco, Calif. (State or country)

PARENTS
13 NAME OF FATHER William H. Woodside
14 BIRTHPLACE OF FATHER (City) P. E. Island (State or country)
15 MAIDEN NAME OF MOTHER Mary Humphreys
16 BIRTHPLACE OF MOTHER (City) New Brunswick (State or country)

17 Informant M. K. McPhillips
(Address) DSH
Relation, if any ( )

A TRUE COPY.
ATTEST: A Preston Chase
(Registrar of city or town where death occurred)

DATE FILED 3/28/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar. 17, 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939 to Mar. 17, 1939
I last saw him alive on Mar. 17, 1939, death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Cerebral thrombosis and Edema	10 days
Chr. nephritis	10 years
Cardiac hypertrophy	10 years

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Samuel H. Harden, M. D.
(Address) DSH Date 3/24 1939

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 3/21 1939

22 NAME OF UNDERTAKER Graham Funeral Service
ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
APR 10 1939 AM

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 64

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 59 Crest Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Donoghue (Henry)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 59 Crest Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William Henry (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 65 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Aug 1938
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER Michael Henry
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Connor
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Margaret Cashman (Relation, if any Sister)
(Address) 59 Crest Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm L. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/20/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 18 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1 1939, to March 18, 1939
I last saw her alive on March 18, 1939, death is said to have occurred on the date stated above, at 9.40 P.m.
The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
Carcinoma of uterus
& [illegible]

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. J. Mahoney, M. D.
(Address) Washington St Date 3/20 1939

21 St. Josephs Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Mar 21 1939

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop

Received and filed MAR 20 1939
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and

R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 65

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 120 Main St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Matilda (Noonan) Homer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 120 Main St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 31 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Edward Hallett Homer (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 9 Months 10 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Feb. 1939
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Quebec
(State or country) Canada

PARENTS
13 NAME OF FATHER William Noonan
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Anne Malley
16 BIRTHPLACE OF MOTHER (City) Quebec
(State or country) Canada

17 Informant Edward H. Homer (Relation, if any: Son)
(Address) 234 Bowdoin St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. [illegible] (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/22/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 3 (Month) 20 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/10, 1939, to 3/20, 1939
I last saw her alive on 3/20, 1939, death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Edema of Lungs — Date of Onset 3/10/39

Contributory causes of importance not related to principal cause:
General Arterio Sclerosis — ?
Diabetes mellitus — ?

Name of operation: no. Date of
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Harvey [illegible], M. D.
(Address) Winthrop Date 3/21 1939

21 Winthrop — Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 23 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed MAR 27 1939 19

A TRUE COPY ATTEST: (Registrar)

...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

R-301

…tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 66

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 30 Willow Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Adaline Floyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 30 Willow Ave. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bookkeeper
10 Date deceased last worked at this occupation (month and year) 3/20/38
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Benjamin Tappan Floyd
14 BIRTHPLACE OF FATHER (City) Winthrop
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Adaline Peirce
16 BIRTHPLACE OF MOTHER (City) So. Malden
(State or country) Mass.

17 Informant Florence F. Carroll (Relation, if any: Sister)
(Address) Hackensack, N. J.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. P. Childress
(Signature of Agent of Board of Health or other)
Health Officer — 3/23/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 22 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 17, 1935, to March 22, 1939
I last saw her alive on March 22, 1939, death is said to have occurred on the date stated above, at 1:35 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Cerebral Hemorrhage	Mar 20 1939

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Chronic myocarditis	1935
Hypertension	1935

Name of operation none Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass Date Mar 23 1939.

21 Winthrop Cemetery - Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 25 1939

22 NAME OF UNDERTAKER Chas. R. Bennett
ADDRESS Winthrop Mass

Received and filed 19

A TRUE COPY ATTEST MAR 27 1939 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45., G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 67

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 81 Shore Drive St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rosalyn Mildred Belson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 81 Shore Drive St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 13 Years 4 Months Days. If less than 1 day: Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: student
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Jr. High School
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Benjamin J. Belson
14 BIRTHPLACE OF FATHER (City)
(State or country) Russia
15 MAIDEN NAME OF MOTHER Blanche Landy
16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

17 Informant Benj. J. Belson Relation, if any (father)
(Address) 81 Shore Drive Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
agent — Mar. 23/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 23, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to Mar. 23, 1939
I last saw her alive on Mar. 23, 1939, death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Osteogenic Sarcoma right femur	June 3, 1938
Pulmonary metastasis	2/13/39
amputation Rt. leg.	Sept 1, 1938

Contributory causes of importance not related to principal cause:
Pulmonary Edema
Cardiac failure

Name of operation amputation Rt leg Date of Sept 1, 1938
What test confirmed diagnosis? X rays Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. Nathan Caplan, M. D.
(Address) 19 Mermaid Av. Winthrop Date 3/23, 1939

21 Chevra Kadusha Woburn
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 23 1939

22 NAME OF FUNERAL DIRECTOR Morris L. Torf
ADDRESS 151 Washington Chelsea

Received and filed MAR 27 1939 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 68

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 102 Bay View ave Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel Joseph Mc A'Nulty (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 102 Bay View ave Winthrop St., Ward, Winthrop Mass (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? 30 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 57 Years Months Days — If less than 1 day: Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salesman
10 Date deceased last worked at this occupation (month and year): Mar. 24
11 Total time (years) spent in this occupation: 30

12 BIRTHPLACE (City) (State or country): Canada

PARENTS
13 NAME OF FATHER: James H McANulty
14 BIRTHPLACE OF FATHER (City) ~~[illegible]~~ (State or country): Canada
15 MAIDEN NAME OF MOTHER: Mary Jane Keown
16 BIRTHPLACE OF MOTHER (City) (State or country): Canada

17 Informant: Andrew McANulty (Brother)
(Address): 77 Bailey St. Dorchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
HENRY F. RILEY [illegible]
(Signature of Agent of Board of Health or other)
MAR 27 1939
(Official Designation) BOSTON HEALTH DEPT. (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: about March - 23 - 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Bilateral Lobar Pneumonia
chronic myocarditis

Found dead in his bed Mar - 26 - 1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?
(Signed) Wm J Brickley, M. D.
(Address) Boston Mar - 27 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Port Alexandria con. (Cemetery) (City or town)
DATE OF BURIAL: Mar 29, 1939 19

22 NAME OF UNDERTAKER: John E Shea
ADDRESS: 1943 Dorch. Ave. Dor

Received and filed 19
MAR 31 1939
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws. Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

....

....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 69

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Clark Brown
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 63 Fremont St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Lincoln Brown (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years x Months x Days — If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) March 15/39
11 Total time (years) spent in this occupation 35 yrs

12 BIRTHPLACE (City) St. John
(State or country) N.B.

PARENTS
13 NAME OF FATHER James Marshall Clark
14 BIRTHPLACE OF FATHER (City) unable to obtain
(State or country) " " "
15 MAIDEN NAME OF MOTHER Sarah ?
16 BIRTHPLACE OF MOTHER (City) unable to obtain
(State or country) " " "

17 Informant Lincoln Brown Relation, if any (Husband)
(Address) 63 Fremont St. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 3/25/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 24 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 12, 1939, to March 24, 1939
I last saw her alive on March 23, 1939, death is said to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Bronchial pneumonia	March 12. 1939.
Chronic myo-carditis	1935.
Mitral Regurgitation	1920

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Chronic Arthritis	1915

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Egidio W. Dickinson, M. D.
(Address) Winthrop Mass Date 3/24 1939.

21 Forest Hill Cemetery
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL ~~Sunday~~ Mar 26th 19

22 NAME OF UNDERTAKER E R B[illegible]
ADDRESS Winthrop Mass

Received and filed 19
MAR 27 1939

A TRUE COPY ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person diod; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

100m 11-36. No. 9080 F

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 70

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Fort Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE H. FLANDERS
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. Fort Banks, Mass. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 12 years — months — days. How long in U.S., if of foreign birth? — years — months — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of — — — — — —
(Give maiden name of wife in full)
(or) WIFE of — — — — — —
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years 10 Months 13 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Soldier) Pvt Hq Btry 9th C.A.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. (U.S.ARMY) Fort Banks, Mass.
10 Date deceased last worked at this occupation (month and year) March 25, 1939
11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) (State or country) Nashua, N.H.

PARENTS
13 NAME OF FATHER Unknown
14 BIRTHPLACE OF FATHER (City) (State or country) Unknown
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City) (State or country) Unknown

17 Informant (Address) Registrar, Sta Hosp Ft Banks, Mass. Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
agent (Official Designation) Mar. 26/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 25 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from — — —, 19—, to — — —, 19—
I last saw h — alive on — — —, 19 ..., death is said to have occurred on the date stated above, at 4:25AM
The principal cause of death and related causes of importance in order of onset were as follows:

Hematoma, suprarenal capsules, bilateral, severe. (For cause of death see certificate attached) — Date of Onset (IMPORTANT): Unknown

Contributory causes of importance not related to principal cause:
NONE

Name of operation — — — Date of — — —
What test confirmed diagnosis? — — — Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify — — — —
(Signed) Joseph Rich JOSEPH RICH, Capt M.C., M. D.
(Address) Fort Banks, Mass. Date 3/25 1939

21 St. Patricks Lowell
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 27 1939

22 NAME OF UNDERTAKER Murray & Murray [illegible]
ADDRESS 254 Beach St Revere

Received and filed MAR 27 1939 19...
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-h.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 70

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Fort Banks, Mass St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME GEORGE H. FLANDERS
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. Fort Banks, Mass St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 12 years - months - days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of - - - (Give maiden name of wife in full)
(or) WIFE of - - - (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 52 Years 10 Months 12 Days If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Soldier) Pvt Hq Btry 9th C.A.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. (U.S. Army) Fort Banks, Mass.
10 Date deceased last worked at this occupation (month and year) March 25, 1939
11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) Nashua, N.H. (State or country)

PARENTS
13 NAME OF FATHER Unknown
14 BIRTHPLACE OF FATHER (City) Unknown (State or country)
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)

17 Informant (Address) Registrar, Sta Hosp, Ft Banks, Mass Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March (Month) 25th (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from - - - - - - - - 19 - to - - - - - - - - 19-
I last saw h- - alive on - - - - - - - - 19-, death is said to have occurred on the date stated above, at 4:25Am.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Intimal atherosclerosis.	Unknown
Coronary sclerosis	Unknown

Contributory causes of importance not related to principal cause:
None

Name of operation - - - Date of - -
What test confirmed diagnosis? - - - Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph Rich, Capt, MC, M. D.
(Address) Fort Banks, Mass Date 19

21 Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 19
22 NAME OF FUNERAL DIRECTOR
ADDRESS
Received and filed 19
(Registrar)

A TRUE COPY ATTEST

CORRECTED CERTIFICATE: Joseph Casper, Col, MC, Registrar. (a)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

(a) Corrected Entries: Cause of Death revised after review of case by Pathologist
Army Medical Museum.

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 71

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 61 Johnson Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anne L. Dwyer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 61 Johnson Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John J. Dwyer
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10 Date deceased last worked at this occupation (month and year): Oct 1938
11 Total time (years) spent in this occupation: 60 yrs

12 BIRTHPLACE (City): Boston
(State or country): Mass

PARENTS
13 NAME OF FATHER: James McLaughlin
14 BIRTHPLACE OF FATHER (City):
(State or country): Ireland
15 MAIDEN NAME OF MOTHER: Unknown
16 BIRTHPLACE OF MOTHER (City):
(State or country): Unknown

17 Informant: Mary E. Kiernan (Daughter) Relation, if any
(Address): 61 Johnson Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent — Mar. 29/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March 27, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1, 1925, to March 27, 1939, I last saw her alive on March 26 1939, death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset IMPORTANT
Pulmonary Embolism | 3/25

Contributory causes of importance not related to principal cause:
arterio sclerosis
myocarditis.

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] Mahoney, M. D.
(Address) 4 [illegible] Date 3/27 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL March 29 1939

22 NAME OF FUNERAL DIRECTOR W. J. Cassidy
ADDRESS 160 Harrison Ave, Boston

Received and filed MAR 31 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, bis supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certifioate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 72

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 26 Sargent St St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H Mannix
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 26 Sargent St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Louise McLaughlin (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 7 Months 6 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. P. A.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Accounting
10 Date deceased last worked at this occupation (month and year) 3/25/39
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Newburyport (State or country) Mass

PARENTS
13 NAME OF FATHER JAMES P. MANNIX
14 BIRTHPLACE OF FATHER (City) (State or country) IRELAND
15 MAIDEN NAME OF MOTHER MARGARET HENNESSEY
16 BIRTHPLACE OF MOTHER (City) (State or country) P. E I

17 Informant Albert Mannix Relation, if any (Son)
(Address) 26 Sargent St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 3/29/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 3 (Month) 28 (Day) 39 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/1, 1939, to 3/28, 1939.
I last saw him alive on 3/27, 1939, death is said to have occurred on the date stated above, at 1:30 pm.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Coronary Thrombosis	3/28/39
Contributory causes of importance not related to principal cause: General Arterio Sclerosis	?

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harvey A. Field M. D.
(Address) Winthrop Date 3/28 1939

21 Holyhood Brookline Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 30 1939

22 NAME OF UNDERTAKER Edward J. Duffy Bros
ADDRESS Medford Mass

Received and filed MAR 31 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 73

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 106 Summit Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George W. Miles
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 106 Summit Ave. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Alice A. Roden (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 2 Months .... Days | If less than 1 day .... Hours .... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business
10 Date deceased last worked at this occupation (month and year) 1939
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Milford Conn (State or country)

PARENTS
13 NAME OF FATHER George W. Miles
14 BIRTHPLACE OF FATHER (City) Milford Conn (State or country)
15 MAIDEN NAME OF MOTHER Mary Lee
16 BIRTHPLACE OF MOTHER (City) East Lyme Conn (State or country)

17 Informant Martha C. Miles (Relation, if any: Sister)
(Address) Milford Conn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm F. Childress
(Signature of Agent of Board of Health or other)
H. O. — Mar. 30/39.
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 29 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY That I attended deceased from January 22, 1939, to March 29, 1939
I last saw him alive on March 29, 1939, death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	1/22/39
Contributory causes of importance not related to principal cause:	
Acute Coronary Thrombosis	3/27/39

Name of operation none Date of —
What test confirmed diagnosis? clinical + laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Jacob Abrams M.D., M. D.
(Address) 562 Shirley St., Winthrop Mass Date 3/29/1939.

21 Milford Cem Milford Conn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Mar 30 1939 19..

22 NAME OF UNDERTAKER J. S. Waterman Sons
ADDRESS Boston

Received and filed MAR 31 1939 19..
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the actinn of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 74

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 243 Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Maud (Taylor) Roach
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 243 Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 30 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John J. J. Roach (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 68 Years 8 Months 3 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year): Feb. 1939
11 Total time (years) spent in this occupation: 45

12 BIRTHPLACE (City): Economy
(State or country): Nova Scotia

PARENTS
13 NAME OF FATHER: Stephen Taylor
14 BIRTHPLACE OF FATHER (City)
(State or country): Nova Scotia
15 MAIDEN NAME OF MOTHER: Mary Thompson
16 BIRTHPLACE OF MOTHER (City)
(State or country): Nova Scotia

17 Informant: Ralph A. Roach (Relation, if any: son)
(Address): Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation)
April 1/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: March (Month) 31 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 16, 1937, to March 31, 1939.
I last saw her alive on March 31, 1939, death is said to have occurred on the date stated above, at 12:45 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Carcinoma right Breast	Aug 1937
Carcinoma right lung	Dec 1938

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Chronic Myocarditis	April 1933

Name of operation: Removal right breast. Date of: Sept 21 1937
What test confirmed diagnosis? Laboratory. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass. Date April 1 1939

21 Winthrop — Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 2, 1939

22 NAME OF UNDERTAKER: Charles R. Bennison
ADDRESS: Winthrop Mass

Received and filed Apr. 7 1939
(Registrar)

...should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

Boston notified 5/9/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)
Registered No. 75

2 FULL NAME Stillborn Minichiello (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 27 Ashley East Boston Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — years — months days. — How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE ... Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) ... 11 Total time (years) spent in this occupation ...

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
13 NAME OF FATHER Raffaele Minichiello
14 BIRTHPLACE OF FATHER (City) Miratella Grota Minarda
(State or country) Italy
15 MAIDEN NAME OF MOTHER Antonetta Iacoullo
16 BIRTHPLACE OF MOTHER (City) Grotta Minarda
(State or country) Italy Grotta Minarda

17 Informant (Address) Raffaele Minichiello Father Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress
(Signature of Agent of Board of Health or other)
Health Officer 4/5/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 3 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 3, 1939, to ..., 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) D. M. F. Jennings, M. D.
(Address) 419 Bennington St Boston Date April 3 1939

21 Holy Cross Cemetery Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 6 1939

22 NAME OF UNDERTAKER Jennings & Jennings
ADDRESS 215 North St Bos

Received and filed Apr. 7 1939

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk (County) Boston
Winthrop (City or Town)
No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)

Registered No. 75

2 FULL NAME Stillborn Minichiello
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran specify WAR)

(a) Residence. No. 27 Ashley St. East Boston Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — years — months days. — How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE W.

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS

13 NAME OF FATHER Raffaele Minichiello (Raffaele Minichiello)

14 BIRTHPLACE OF FATHER (City) Mirabella (Grota Minarda)
(State or country) Italy

15 MAIDEN NAME OF MOTHER Antonetta Iacouiello (Iacoviello)

16 BIRTHPLACE OF MOTHER (City) Grota Minarda
(State or country) Italy (Grota Minarda)

17 Informant Raffaele Minichiello (Relation, if any Father)
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. L. Childress
(Signature of Agent of Board of Health or other)

Health Officer 4/5/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 3 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 3, 1939, to , 19

I last saw h alive on , 19 , death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) 419 [illegible] Boston Date April 3 1939

21 Holy Cross Cemetery Malden
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL April 6 1939

22 NAME OF UNDERTAKER [illegible]
ADDRESS 815 [illegible] St Boston

Received and filed Apr. 7 1939

A TRUE COPY ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

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Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

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COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 76

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 152 Pleasant St St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Henry Stevens
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U.S. War Veteran specify WAR)

(a) Residence. No. 63 Harbor View Avenue St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 37 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Agnes Connolly (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years 2 Months 3 Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing Supplies (retired)
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10 Date deceased last worked at this occupation (month and year) April, 1939
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Cambridge
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER John H. Stevens
14 BIRTHPLACE OF FATHER (City) Concord
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Ellen Norton
16 BIRTHPLACE OF MOTHER (City) Bangor
(State or country) Maine

17 Informant Mrs. Mary A. Stevens Relation, if any (wife)
(Address) 63 Harbor View Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/5/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 3 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1929, to April 3, 1939. I last saw him alive on April 3, 1939, death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	4/3/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Arteriosclerosis	1938

Name of operation none Date of —
What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Abrams M.D.
(Address) 562 Shirley St. Winthrop, Mass Date Apr 4 1939

21 Mt. Auburn Cambridge Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 6, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed Apr. 7 1939
(Registrar)

100m 11-'36. No. 9080-F

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Westborough (City or town making return)

Registered No. 70

1 PLACE OF DEATH
Worcester (County)
Westborough (City or Town)
No. Westborough State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Francis H. Perkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) [illegible]

(a) Residence. No. St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 14 yrs. 10 mos. 5 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

5a If married, widowed, or divorced HUSBAND of Ella Barker (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 8 Months - Days If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Lynn, (State or country) Mass.

PARENTS
13 NAME OF FATHER Theodore Perkins
14 BIRTHPLACE OF FATHER (City) (State or country) Mass.
15 MAIDEN NAME OF MOTHER Sarah Hill
16 BIRTHPLACE OF MOTHER (City) (State or country) Mass.

17 Informant (Address) Westborough State Hospital Records (Relation, if any)

A TRUE COPY. ATTEST: Anne A. Dunne
(Registrar of city or town where death occurred)

DATE FILED April 14, 19 39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 8, (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 1, 19 29, to April 8, 19 39
I last saw him alive on April 7, 19 39, death is said to have occurred on the date stated above, at 3.25 a.m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset
Chronic Myocarditis — unknown

Contributory causes of importance not related to principal cause:
General Arteriosclerosis — unknown

Name of operation ... Date of ...
What test confirmed diagnosis? clinical findings Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) George E. Peatick, M. D.
(Address) Westboro, Mass. Date 4/8 19 39

21 Place of Burial, Cremation or Removal Winthrop Cem., Winthrop (City or town)
DATE OF BURIAL April 10 19 39

22 NAME OF UNDERTAKER C. R. Bonnison
ADDRESS 174 Winthrop St., Winthrop

Received and filed APR 29 1939 19

(Registrar of City or Town where deceased resided)

M R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 73

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mabel L. Crawford (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 62 Myrtle Ave Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Henry L. Crawford (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homes of employers
10 Date deceased last worked at this occupation (month and year) March 193[illegible]
11 Total time (years) spent in this occupation 5

12 BIRTHPLACE (City) Unknown (State or country)

PARENTS
13 NAME OF FATHER Unable to obtain
14 BIRTHPLACE OF FATHER (City) (State or country) Unable to obtain
15 MAIDEN NAME OF MOTHER Unable to obtain
16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain

17 Informant Papers among effects (Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Culdey M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/11/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 9 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Spontaneous Cerebral Hemorrhage;
Old Cerebral Hemorrhage;
Recent Fracture Right Femur;
Said to have fallen accidentally at her home on April-1-1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) [illegible], M. D.
(Address) Boston Date April 9 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Old North (Cemetery) Natick Mass (City or town)
DATE OF BURIAL 4/13/39 19

22 NAME OF UNDERTAKER Charles [illegible]. Dennison
ADDRESS Winthrop Mass

Received and filed Apr. 17 1939
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

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....

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....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 80 Woodside St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)
Registered No. 79

2 FULL NAME Walter A. S. Hutchins
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 80 Woodside St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Elizabeth M. S. Layson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 68 Years 7 Months 12 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prison Officer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Deer Island Prison
10 Date deceased last worked at this occupation (month and year) 1938
11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Roxbury
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Benjamin Hutchins
14 BIRTHPLACE OF FATHER (City) Portland
(State or country) Maine
15 MAIDEN NAME OF MOTHER Emma Alexander Simpson
16 BIRTHPLACE OF MOTHER (City) Portland
(State or country) Maine

17 Informant Elizabeth M. Hutchins (Relation, if any: Wife)
(Address) 80 Woodside Ave. Winthrop, Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/15/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 12 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 13, 1935, to April 12, 1939
I last saw him alive on April 11, 1939, death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Acute Coronary Thrombosis	4/12/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Pernicious Anemia	1936

Name of operation Clinical Date of
What test confirmed diagnosis? Clinical Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams, M. D.
(Address) 562 Shirley St. Winthrop, Mass Date 4/13/39.

21 Milton, Milton
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 15 1939

22 NAME OF UNDERTAKER Richard H. White E.A.
ADDRESS 147 Winthrop St Winthrop Mass

Received and filed Apr. 17 1939

A TRUE COPY ATTEST: (Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-1.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 80

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 17 ~~Quincy Ave~~ Winthrop Community Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Isabella Cecelia Carney
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 17 Quincy Ave St., Ward Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ... years ... months ... days. How long in U.S., if of foreign birth? ... years ... months ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full)
(or) WIFE of John Carney (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 7 Months 9 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER James Morrow
14 BIRTHPLACE OF FATHER (City) Can not be learned
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Margaret Lyons
16 BIRTHPLACE OF MOTHER (City) Cannot be learned
(State or country) Ireland

17 Informant John Carney Relation, if any
(Address) 17 Quincy Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress
(Signature of Agent of Board of Health or other)
HO — April 14/39.
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH ~~Apri-~~ April (Month) 13 (Day) 39 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 6, 1939, to April 13, 1939
I last saw her alive on April 13, 1939, death is said to have occurred on the date stated above, at 10.30 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Cerebral Hemorrhage	4-6-39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Atelectasis	4-6-39
Lobar Pneumonia	4-9-39

Name of operation none Date of ...
What test confirmed diagnosis? x-ray Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) Harvey W. Kelly, M. D.
(Address) Winthrop, Mass Date 4-14-39

21 Mt Pleasant Cem Arlington
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 15 1939

22 NAME OF FUNERAL DIRECTOR Alfred H. Ochs
ADDRESS 341 Belgrade Ave Roslindale

Received and filed Apr 17 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL OR AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 350 Revere St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)
Registered No. 81

2 FULL NAME Anna M. Flynn McGrath
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 350 Revere St St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph J. McGrath (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 56 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) November 1936
11 Total time (years) spent in this occupation 36

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS
13 NAME OF FATHER John Flynn
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Catherine Tobin
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Joseph J. McGrath (Relation, if any: Husband)
(Address) 350 Revere St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 4/17/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 16 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 7, 1936, to April 16, 1939,
I last saw her alive on April 15, 1939, death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Pulmonary Tuberculosis	1929
Chronic Myocarditis	May 7, 1936

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis Physical Ex. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Mass Date April 17 1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 18 1939

22 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop, Massachusetts

Received and filed APR 17 1939 19
A TRUE COPY ATTEST: (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. 32

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 140 Shore Drive St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Gorberg (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 140 Shore Drive St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 1 years months days. How long in U.S., if of foreign birth? 40 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Ida Kantz (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leopold Morse Co
10 Date deceased last worked at this occupation (month and year) 1938
11 Total time (years) spent in this occupation yrs

12 BIRTHPLACE (City) (State or country) Russia

PARENTS
13 NAME OF FATHER Joseph Gorberg
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Rebecca (Cundloe) Lenod
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Ida Kant Gorberg (Relation, if any: Wife)
(Address) 140 Shore Drive Winthrop

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/18/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 18 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 13, 1932, to April 18, 1939
I last saw him alive on April 16, 1939, death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	4/18/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Angina Pectoris	1931
Diabetes Mellitus	1935

Name of operation none Date of
What test confirmed diagnosis? Clinical & laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D.
(Address) 562 Shirley St. Winthrop, Mass Date 4/18/39

21 Golden Crown Cem. Woburn Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 18th 1939

22 NAME OF UNDERTAKER Manuel Stontsky
ADDRESS 1034 Wash. St. Dorchester

Received and filed APR - 5 1939 19

(Registrar)

100m 11-'36. No. 9080 F

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 83

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary (Gorska) Linardy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 789 Shirley St. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Nicholas Linardy (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) March 1939.
11 Total time (years) spent in this occupation 26

12 BIRTHPLACE (City) Baltimore
(State or country) Maryland

PARENTS
13 NAME OF FATHER William Gorska
14 BIRTHPLACE OF FATHER (City) Bavaria
(State or country) Germany
15 MAIDEN NAME OF MOTHER Cannot be learned
16 BIRTHPLACE OF MOTHER (City)
(State or country) Poland

17 Informant Nicholas Linardy (Husband) Relation, if any
(Address) 789 Shirley St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 4/22/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 20 (Day) 1939. (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 3 1939, to April 20, 1939
I last saw her alive on April 20, 1939, death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
chronic Myocardial Degeneration	1939
Contributory causes of importance not related to principal cause:	
Congestive Heart Disease	1939
Broncho-Pneumonia	April 1939
diabetes Mellitus	1939

Name of operation none Date of —
What test confirmed diagnosis clinical & laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D.
(Address) 362 Shirley St Winthrop, Mass Date 4/21/39.

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 24 1939

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop Massachusetts

Received and filed MAY 2 1939 19
(Registrar)

100m-9-'37 No. 1859

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the hoard of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 81

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan T. Hasson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 24 Fairview St. Ward
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female 4 COLOR OR RACE: White 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single	18 DATE OF DEATH: April (Month) 21 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full) (or) WIFE of (Husband's name in full) —	19 I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to April 21, 1939 I last saw her alive on April 21, 1939, death is said to have occurred on the date stated above, at 11.15 P.m.
6 IF STILLBORN, enter that fact here. —	The principal cause of death and related causes of importance in order of onset were as follows:
7 AGE 70 Years Months Days. If less than 1 day Hours Minutes	Date of Onset IMPORTANT
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home 10 Date deceased last worked at this occupation (month and year): April 1939 11 Total time (years) spent in this occupation: 20	Chronic myocarditis — May 19/36 Acute myocarditis, acute dilatation of heart — April 21/39
12 BIRTHPLACE (City): Boston (State or country): Mass.	Contributory causes of importance not related to principal cause:
PARENTS 13 NAME OF FATHER: John Hasson 14 BIRTHPLACE OF FATHER (City) (State or country): Ireland 15 MAIDEN NAME OF MOTHER: Elizabeth Hasson O.K. 16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland	Name of operation: none. Date of — What test confirmed diagnosis? Observation. Was there an autopsy? no 20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Raymond B. Parker, M. D. (Address) Winthrop Mass. Date April 23 1939
17 Informant: Elizabeth A. Hasson (Relation, if any: sister) (Address): 24 Fairview St. Win.	21 Holy Cross, Malden Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL April 25, 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) H.O. (Official Designation) April 24/39 (Date of Issue of Permit)	22 NAME OF FUNERAL DIRECTOR: M. J. Kelly ADDRESS: 11 Meridian St., E. B. Received and filed 19 (Registrar)

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

…WEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 85

1 PLACE OF DEATH (County) ......
Winthrop (City or Town)
No. 40 Cottage Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John A. Eaton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ......

(a) Residence. No. 40 Cottage Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed or divorced HUSBAND of Addie L. Mosman (Give maiden name of wife in full)
(or) WIFE of ...... (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 61 Years 9 Months 27 Days. If less than 1 day ...... Hours ...... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. National Inc. Systems
10 Date deceased last worked at this occupation (month and year) Aug 1936
11 Total time (years) spent in this occupation 14 yrs

12 BIRTHPLACE (City) E. Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER John A. Eaton
14 BIRTHPLACE OF FATHER (City) Cannot be obtained
(State or country) Cannot be obtained
15 MAIDEN NAME OF MOTHER Sarah Baunna
16 BIRTHPLACE OF MOTHER (City) Cannot be obtained
(State or country) Holland

17 Informant Mrs. John A. Eaton (wife) Relation, if any
(Address) 40 Cottage Ave. Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Chudney
(Signature of Agent of Board of Health or other)
Health Officer 4/23/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 22 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 16, 1939, to April 22, 1939
I last saw him alive on April 1, 1939, death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
pulmonary tuberculosis	Sept '36

Contributory causes of importance not related to principal cause:

Name of operation ✓ Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lydia W. Dickinson, M. D.
(Address) 89 Somerset Ave. Date Apr. 23 1939

21 Forest Hills Crematory Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Apr. 25 1939

22 NAME OF FUNERAL DIRECTOR Willis J. Stokes
ADDRESS 1803 Centre St. W. Roxbury

Received and filed ...... 19 ......
MAY 2 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

2-301A

Boston notified 5/5/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 86

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna E. Olsen
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 169 Townsend St Rox St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 38 years months days. How long in U.S., if of foreign birth? 37 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years — Months — Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family
10 Date deceased last worked at this occupation (month and year) Dec 1938
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) (State or country) Norway

PARENTS
13 NAME OF FATHER Enok Olsen
14 BIRTHPLACE OF FATHER (City) (State or country) Norway
15 MAIDEN NAME OF MOTHER Oline Engelbertson
16 BIRTHPLACE OF MOTHER (City) (State or country) Norway

17 Informant Oline Hanson (Relation, if any) (Mother)
(Address) 26 Hancock St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress Jr (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 4/25/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 23 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 15, 1938, to April 23, 1939, I last saw her alive on April 23, 1939, death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Pulmonary Edema	4/22/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
operation for acute Intestinal obstruction	4/22/39

Name of operation Laparotomy Date of 4/22/39
What test confirmed diagnosis? Operation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) George H. Schwartz, M. D.
(Address) 19 Princeton St EB Date 4/24 1939

21 Mt Hope Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 25 1939

22 NAME OF UNDERTAKER Charles H. Treanor
ADDRESS 559 Saratoga St. E. Boston

Received and filed MAY 2 1939 19
(Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where tbe deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certifioate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. Age should be stated EXACTLY. Information should be carefully supplied. See instructions and extracts from the laws on back of certificate.

100m 11 '36. No. 9080 F

Boston [illegible] 5/9/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 87

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby (Boy)) Fagone
(If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 328 Chelsea St., East Boston Ward
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ... years ... months ... days. How long in U.S., if of foreign birth? ... years ... months ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of ...
(Give maiden name of wife in full)
(or) WIFE of ...
(Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE ... Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10 Date deceased last worked at this occupation (month and year) ...
11 Total time (years) spent in this occupation ...

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Joseph Fagone
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
15 MAIDEN NAME OF MOTHER Mary di Marino
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Joseph Fagone Relation, if any (Father)
(Address) 328 Chelsea St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 4/26/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 25 - 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation none Date of ...
What test confirmed diagnosis? — Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) Charles Melone, M. D.
(Address) 305 Havre St. Date April 26 1939

21 St. Michaels Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 26, 1939

22 NAME OF UNDERTAKER Albert Scaramella
ADDRESS 39 Orleans St. E Boston

Received and filed ... 19...
... (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

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....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 88

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 170 Cliff Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise G. Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 170 Cliff Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 14 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 57 Years — Months — Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Boston
10 Date deceased last worked at this occupation (month and year) Jan 1939
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) East Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Patrick Sullivan
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Curtin
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Laura Sullivan Relation if any (sister)
(Address) 170 Cliff Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress, D.
(Signature of Agent of Board of Health or other)
Health Officer 4/27/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 26 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 4, 1939, to April 26, 1939
I last saw her alive on April 26, 1939, death is said to have occurred on the date stated above, at 3.30 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Cerebral Hemorrhage	4/24/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Chronic Nephritis	1938

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ...
(Signed) Fred O'Regan, M. D.
(Address) 670 Saratoga St Date 4/27/1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL April 28 1939

22 NAME OF UNDERTAKER Charles W. Treanor
ADDRESS 559 Saratoga St. E. Boston

Received and filed MAY 2 1939 19...
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

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502 McKinley St.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 89

1 PLACE OF DEATH (County) Winthrop (City or Town) Winthrop

No. Winthrop Community Hosp. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bonifacio Egidio (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 105 Cottage Ave St., Ward Winthrop (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 30 years months days. How long in U.S., if of foreign birth? 35 years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male; 4 COLOR OR RACE White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single	18 DATE OF DEATH April (Month) 26 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from April 25 1939, to April 26, 1939 I last saw him alive on April 26, 1939, death is said to have occurred on the date stated above, at 11 A.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Acute Coronary Thrombosis — Date of Onset 4/25/39
7 AGE 63 Years Months Days. If less than 1 day Hours Minutes	Contributory causes of importance not related to principal cause:
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor	Name of operation none. Date of —
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm. Filene's Co.	What test confirmed diagnosis? Clinical, Laboratory. Was there an autopsy? No
10 Date deceased last worked at this occupation (month and year) April 1939. 11 Total time (years) spent in this occupation 22 yrs	20 Was disease or injury in any way related to occupation of deceased? — If so, specify No
12 BIRTHPLACE (City) [illegible] (State or country) Italy	(Signed) Jacob Abrams M. D. (Address) 562 Shirley St Winthrop, Mass Date 4/27/39.
PARENTS 13 NAME OF FATHER Pasquale Egidio	21 Winthrop Cemetery Winthrop. Place of Burial, Cremation or Removal (City or Town)
14 BIRTHPLACE OF FATHER (City) (State or country) Italy	DATE OF BURIAL April 28, 1939 19
15 MAIDEN NAME OF MOTHER Luisa Margamillo (margamillo)	22 NAME OF UNDERTAKER John Cincotti & Sons
16 BIRTHPLACE OF MOTHER (City) (State or country) Italy	ADDRESS 7 Cooper St Boston
17 Informant Hector Brugnani (Friend) (Address) 105 Cottage Ave Winthrop. Relation, if any	Received and filed MAY 2 1939 19
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childers (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 4/27/39 (Date of Issue of Permit)	A TRUE COPY ATTEST (Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such hoard, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be huried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certifioate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 16

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

30

2 FULL NAME Alice L. Ryan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 16 James Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ... years ... months ... days. How long in U.S., if of foreign birth? ... years ... months ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph F. Ryan (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 61 Years ... Months ... Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home
10 Date deceased last worked at this occupation (month and year): March 1939
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country): Boston

PARENTS
13 NAME OF FATHER: Michael Burke
14 BIRTHPLACE OF FATHER (City): Boston
(State or country): ~~Nova Scotia~~
15 MAIDEN NAME OF MOTHER: Bridget Doran
16 BIRTHPLACE OF MOTHER (City)
(State or country): Nova Scotia

17 Informant: Joseph Ryan Relation, if any: (husband)
(Address): 16 James Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H.O. april 28/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: April (Month) 26 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 17, 1939, to April 26, 1939. I last saw her alive on April 26, 1939, death is said to have occurred on the date stated above, at 5.30 p m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT

Staphylococcus septicaemia — 1939

Contributory causes of importance not related to principal cause:

Acute Bactericidal endocarditis — 1938

Name of operation: none Date of
What test confirmed diagnosis? Blood culture Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] Gately, M. D.
(Address) 424 [illegible] Date 4-27 1939

21 Holy Cross, Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL: April 29 1939

22 NAME OF FUNERAL DIRECTOR: Mary E. Burke
ADDRESS: 75a Chambers St Boston

Received and filed MAY 2 1939
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11 '36. No. 9080 F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 91

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 1 30 Court Rd., Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charlotte (Gillis) Talmadge
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 130 Court Rd., Winthrop St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 9 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female. 4 COLOR OR RACE: White. 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed	18 DATE OF DEATH Apr 1 27, 1939 (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Samuel H. Talmadge (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from January —, 1939, to April 27, 1939 I last saw her alive on April 27, 1939, death is said to have occurred on the date stated above, at 1:50 P.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
7 AGE 81 Years 7 Months 20 Days. If less than 1 day ...Hours ...Minutes	Generalized arteriosclerosis — years
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home	Hypertension — 20 yrs.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Cerebral degeneration — Jan. 1939
10 Date deceased last worked at this occupation (month and year) ... 11 Total time (years) spent in this occupation ...	Terminal bronchopneumonia — 4/26/39
12 BIRTHPLACE (City) Paris (State or country) Canada	Contributory causes of importance not related to principal cause:
PARENTS 13 NAME OF FATHER John Gillis	
14 BIRTHPLACE OF FATHER (City) (State or country) Canada	Name of operation ... Date of ... What test confirmed diagnosis? ... Was there an autopsy? no
15 MAIDEN NAME OF MOTHER nto known	20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) [illegible] Murray, M. D. (Address) [illegible] Date 4/28 1939
16 BIRTHPLACE OF MOTHER (City) (State or country) Canada	21 Rochester, N. Y. Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL May 1, 1939
17 Informant Dudley S. Boutelle (Address) 130 Court Rd., Winthrop. Relation, if any (soninlaw)	22 NAME OF UNDERTAKER Richard V. White ADDRESS 147 Winthrop St., Winthrop
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm D. Gildea (Signature of Agent of Board of Health or other) Ag. (Official Designation) 29 April 1939 (Date of Issue of Permit)	Received and filed MAY 2 19... (Registrar)

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.- Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
WORCESTER (County)
RUTLAND (City or Town)
No. Rutland State Sanatorium St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

RUTLAND (City or town making return)
Registered No. 60 92

2 FULL NAME Salvatore Mancuso
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 92 Marshall St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 0 mos. 4 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 28 Years 6 Months 11 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone operator
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Jan.1930
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER Carmen Mancuso
14 BIRTHPLACE OF FATHER (City)
(State or country) Italy
15 MAIDEN NAME OF MOTHER Fannie Placko
16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant (Address) Hospital Records Relation, if any ( )

A TRUE COPY.
ATTEST: Frances P. Hanff
(Registrar of city or town where death occurred)
DATE FILED April 27,1939 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 27, (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 27, 1939.
I last saw him alive on April 27, 1939, death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Pulmonary tuberculosis	1930

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) I.L.Cutler, M. D.
(Address) Rutland State San. Date 4/27 1939

21 Winthrop Cem., Winthrop, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 1,1939 19

22 NAME OF UNDERTAKER Michael S. Coggiano
ADDRESS 971 Saratoga St., E.Boston, Mass.

Received and filed May 9. 19

(Registrar of City or Town where deceased resided)

M R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 93

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 14 Waldemar Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Oscara A. Peterson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 20 Bellevue Ave Winthrop St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. days. How long in U. S., if of foreign birth? 45 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Axel Peterson (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 5 Months 16 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At. Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) Sweden

PARENTS
13 NAME OF FATHER: Andrew Olsen
14 BIRTHPLACE OF FATHER (City)
(State or country) Sweden
15 MAIDEN NAME OF MOTHER: Not Known
16 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden

17 Informant: Charlott Peterson
(Address) 20 Bellevue Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H. O. (Official Designation)
April 29/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April - 28 - 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

acute Cardiac Dilatation
Hypertensive Heart Disease

collapsed & died quickly

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Wm. J. Brickley, M. D.
(Address) Boston Date Apl 28 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop (Cemetery) Winthrop (City or town)

DATE OF BURIAL May 1 1939

22 NAME OF UNDERTAKER Richard B. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed ... 19...

MAY 2 1939

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

....

....

....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080 F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 91

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Evangeline V. Eskrugge (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 573 Shirley St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles E. Eskrugge (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10 Date deceased last worked at this occupation (month and year) Apr 1939
11 Total time (years) spent in this occupation 38

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Thomas Mooney
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland.
15 MAIDEN NAME OF MOTHER Mary E. McCarthy
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Chas. E. Eskrugge Relation, if any Husb.
(Address) 573 Shirley St. Winth.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 29, (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 20, 1939, to April 29, 1939
I last saw her alive on April 28, 1939, death is said to have occurred on the date stated above, at 12:24 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Hypostatic Pneumonia	Apr. 26
Pulmonary Edema	Apr. 28

Contributory causes of importance not related to principal cause:

Chronic Myocarditis	1934
Hypertrophic Arthritis	1930

Name of operation None Date of
What test confirmed diagnosis? Physical Exam. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Samuel B. Goldberg, M. D.
(Address) 370 Shirley St. Date Apr 29 1939

21 St. Joseph's, Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 2, 1939

22 NAME OF UNDERTAKER R. Kirby
ADDRESS Boston

Received and filed 19
MAY 2 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Dr. Goldberg, 176 Middlesex Ave

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 95

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 10 Nevada St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Etta Miller
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 10 Nevada St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Max Miller (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10 Date deceased last worked at this occupation (month and year) April 1939
11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Riga,
(State or country) Russia

PARENTS
13 NAME OF FATHER Israel Capan
14 BIRTHPLACE OF FATHER (City) Riga,
(State or country) Russia
15 MAIDEN NAME OF MOTHER Sonia Orkin
16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

17 Informant Freda Caplan Relation, if any (daughter)
(Address) 5 Prospect St, Lebanon, N.H.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Agent
(Official Designation)
April 30/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 29 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 23, 1939, to April 29, 1939.
I last saw her alive on April 29, 1939, death is said to have occurred on the date stated above, at 10 25 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
1 Coronary thrombosis c̄	
auricular fibrillation	4-23-39
Heart block	4-25-39
Renal failure	4-27-39

Contributory causes of importance not related to principal cause:
Diabetes mellitus
arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? X-ray Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. Blumenfeld, M. D.
(Address) 287 Shirley St Winthrop Date 4-30 1939

21 David Vieur Choulim, W. Rox-
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL April 30, 1939

22 NAME OF UNDERTAKER Benjamin L. Solomon
ADDRESS 420 HARVARD ST BROOKLINE, MASS.

Received and filed MAY 2 1939 19
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 12-'35. No. 6156F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

Wayland, Notified 5/9/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 96

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Sta Hosp, Fort Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ERNEST L. SANDWELL
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. Wayland, Mass. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of - - - - - (Give maiden name of wife in full)
(or) WIFE of - - - - - (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 18 Years - Months 13 Days. If less than 1 day - Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.C.C.
10 Date deceased last worked at this occupation (month and year) April 10, 1939
11 Total time (years) spent in this occupation ---

12 BIRTHPLACE (City) Mass. (State or country)

PARENTS
13 NAME OF FATHER ~~Unknown~~ Leslie J. Sandwell
14 BIRTHPLACE OF FATHER (City) ~~Unknown~~ Manchester
(State or country) ~~Unknown~~ N.H
15 MAIDEN NAME OF MOTHER ~~Unknown~~ Caroline L. Moog
16 BIRTHPLACE OF MOTHER (City) ~~Unknown~~ Roxbury
(State or country) ~~Unknown~~ Mass.

17 Informant Registrar, Sta Hosp Ft Banks, Mass. (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/1/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April (Month) 30 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 10, 1939, to April 30, 1939. I last saw him alive on April 30, 1939, death is said to have occurred on the date stated above, at 10:25Pm.

The principal cause of death and related causes of importance in order of onset were as follows:

1. Valvular heart disease aortic and mitral insufficiency. 2. Rheumatic fever chronic involving joints of extremities. 3. Anemia secondary, severe.

Date of Onset: Unknown

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Joseph Rich JOSEPH RICH, Capt., M.C., M. D.
(Address) Fort Banks, Mass. Date May 1, 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Lakeview (Cemetery) Wayland (City or town)
DATE OF BURIAL May 3, 1939

22 NAME OF UNDERTAKER Gill's Funeral Service
ADDRESS Cochituate, Mass.

Received and filed MAY 1939 19

A TRUE COPY, ATTEST: (Registrar)

100m-12-'34. No. 2938-e

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1913*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws. Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town making return)

Registered No. 174 97

1 PLACE OF DEATH: Suffolk (County)
Chelsea (City or Town)
No. U.S.Marine Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frank W. Litchfield (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 220 Court Rd. St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days 4 How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Adelaide V. Moore
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 1 Months 10 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Keeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Cambridge
(State or country) Mass.

PARENTS
13 NAME OF FATHER Roland Litchfield
14 BIRTHPLACE OF FATHER (City) Cambridge
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Elizabeth Staples
16 BIRTHPLACE OF MOTHER (City) Baileyville
(State or country) Maine

17 Informant From hospital records Relation, if any
(Address) ~~John W. Trask, Medical Director~~

A TRUE COPY.
ATTEST: George Harney
(Registrar of city or town where death occurred)
Inspector
DATE FILED Mar. 15, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 14, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1939, to Mar. 14, 1939
I last saw him alive on Mar. 14, 1939, death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset
Cirrhosis of liver — years ago

Contributory causes of importance not related to principal cause:
Pulmonary edema 3/10/39
Bronchial pneumonia 3/13/39

Name of operation ... Date of ...
What test confirmed diagnosis? clinical & autopsy. Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Howard T. White, M. D.
(Address) US Marine Hosp. Date 3. 14 1939

21 Lakeside Cem., Wakefield, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Mar. 16, 1939

22 NAME OF UNDERTAKER J.S.Waterman & Son
ADDRESS Boston

Received and filed March 15, 1939
Joseph A. Turner
(Registrar of City or Town where deceased resided)

RECEIVED
WINTHROP, MASS.
MAY 16 1939 AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 2567 93

1 PLACE OF DEATH (County) SUFFOLK
BOSTON (City or Town)
No. Childrens Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME --- Finestone
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 33 Cottage Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days | If less than 1 day 3 Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Boston

PARENTS
13 NAME OF FATHER Joseph Finestone
14 BIRTHPLACE OF FATHER (City) (State or country) Scotland
15 MAIDEN NAME OF MOTHER Norma E Kleingless
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston

17 Informant (Address) Relation, if any (father)

A TRUE COPY.
ATTEST: James A. O'Rourke
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 15/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/15/39 19 to 3/15/39, 19
I last saw him alive on 3/15/39, 19, death is said to have occurred on the date stated above, at 355p m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

tracheo esophageal stricture

Contributory causes of importance not related to principal cause:

imperforate anus-atelectasis

Name of operation esophageal anastemosis Date of 3/15/39
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R R White, M. D.
(Address) 300 Longwood Ave Date 19

21 Beth Joseph-Woburn
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 3/17/39 19

22 NAME OF UNDERTAKER M Stanetsky
ADDRESS Boston

Received and filed 3/18/39 19

(Registrar of City or Town where deceased resided)

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1865
WINTHROP, MASS.
MAY 12 1939 AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 99 2941

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Channing Home St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Evelyn J Gallagher
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 31 Palmyra St Winthrop Mass St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 34 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store
10 Date deceased last worked at this occupation (month and year) Jan'38
11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) (State or country) Hoboken New Jersey

PARENTS
13 NAME OF FATHER Daniel F Gallagher
14 BIRTHPLACE OF FATHER (City) (State or country) Brooklyn New York
15 MAIDEN NAME OF MOTHER Johanna Murphy
16 BIRTHPLACE OF MOTHER (City) (State or country) Hoboken New Jersey

17 Informant (Address) Mrs J Gallagher Mother, 31 Palmyra St Winthrop — Relation, if any

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 24, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from March 1 1939, to March 24 1939
I last saw her alive on March 24, 1939, death is said to have occurred on the date stated above 9.40 m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Pulmonary Tuberculosis	Dec. '37

Contributory causes of importance not related to principal cause:

Cause	Date of onset
Laryngeal tuberculosis	Nov. '38

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Carey M Peters, M. D.
(Address) 1101 Beacon St Brookline Date 3-24 1939

21 Winthrop Cem Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL March 27, 1939

22 NAME OF UNDERTAKER R C Kirby
ADDRESS East Boston Mass

Received and filed March 28, 1939

(Registrar of City or Town where deceased resided)

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WINTHROP, MASS.
MAY 12 1939 AM

M R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 3090 500

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Boston City Hosp St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Henry Gillis (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) Spanish

(a) Residence. No. 329 Winthrop St., ... Ward, ... (Usual place of abode) (If nonresident, give city or town and state) Winthrop

Length of residence in city or town where death occurred ... yrs. ... mos. ... days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Grace Dorman (Give maiden name of wife in full)

(or) WIFE of .... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years 8 Months 5 Days. If less than 1 day .... Hours .... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. store

10 Date deceased last worked at this occupation (month and year) – 11 Total time (years) spent in this occupation –

12 BIRTHPLACE (City) (State or country) Charlottetown PEI

PARENTS

13 NAME OF FATHER Alexander Gillis

14 BIRTHPLACE OF FATHER (City) (State or country) Pr Edw Island

15 MAIDEN NAME OF MOTHER ---

16 BIRTHPLACE OF MOTHER (City) (State or country) ---

17 Informant (Address) .... Relation, if any (wife)

A TRUE COPY.

ATTEST: James A. Burke (Registrar of city or town where death occurred)

DATE FILED .... 19 ....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Mar 29/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

cirrhosis of liver-alcoholism

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide? .... Date of Injury 19

Where did Injury occur? .... (City or town and State)

Manner of Injury ....

Nature of Injury ....

Was there an autopsy? ....

21 Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) T Leary, M. D.

(Address) Boston Date 3/29/39 19

22 Place of Burial, Cremation or Removal (City or Town) Winthrop Winthrop

DATE OF BURIAL 3/31/39 19

23 NAME OF UNDERTAKER R H White

ADDRESS Winthrop

Received and filed 4/1/39 19

.... (Registrar of City or Town where deceased resided)

25m-11-'36. No. 9080-h

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WINTHROP, MASS.
MAY 12 1939 AM

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Memorial Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)
Registered No. 3177 101

2 FULL NAME Annie E Fowler
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 86 Sargent St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Daniel E Fowler (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 4 Months 17 Days — If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Nova Scotia

PARENTS
13 NAME OF FATHER John Layte
14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Susan Thomas
16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Mrs H A Ham — Relation, if any: Sister
Informant (Address) ( )

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr 1/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/30/39 to 4/1/39, 19...
I last saw h er alive on 3/31/39, 19..., death is said to have occurred on the date stated above, at 2.08a m.

The principal cause of death and related causes of importance in order of onset were as follows: — Date of onset
Lymphoblastoma — 3mos

Contributory causes of importance not related to principal cause:
pulm. edema

Name of operation biopsy — Date of 3/21/39
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G L Swan Jr, M. D.
(Address) 204 Beacon St — Date 4/1/39 19...

21 Winthrop-Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 4/1/39 19...

22 NAME OF UNDERTAKER H H White
ADDRESS Winthrop
4/4/39

Received and filed ... 19...
(Registrar of City or Town where deceased resided)

...tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

MAY 13 1939 AM
WINTHROP, MASS.

R-302

Suffolk

1 PLACE OF DEATH

Chelsea (City or Town)

No. U.S. Naval Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town making return) 102

Registered No. 252

2 FULL NAME James Bernard Winston
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) Spanish

(a) Residence. No. 109 Bank St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 4 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of Julia Theresa Donovan
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years 7 Months 26 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lunch Room

10 Date deceased last worked at this occupation (month and year) 1930

11 Total time (years) spent in this occupation 10 yrs.

12 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS

13 NAME OF FATHER James

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Celia Lyons

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs. Julia Winston Relation if any (wife)
(Address) 109 Banks St. Winthrop.

A TRUE COPY.

ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Apr. 15, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Apr. 13, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1939, to Apr. 13, 1939

I last saw him alive on Apr. 13, 1939 death is said to have occurred on the date stated above at 12:12 P.M.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

Arteriosclerotic heart disease — unknown

Contributory causes of importance not related to principal cause:

1. Cerebral hemorrhage — unknown
2. Nephrosclerosis — unknown

Name of operation none Date of

What test confirmed diagnosis? clinical & autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) V.E. Martens, Lt.(jg) (MC) USN M.D.
(Address) USN Hosp. Chelsea Date 19

21 Holy Cross, Malden, Mass.
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Apr. 17, 1939

22 NAME OF UNDERTAKER Richard Kirby
ADDRESS 17 Bennington St. E. Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

...tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 103

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 18 Tewksbury St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriette Elizabeth (Looker) Nourse
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 18 Tewksbury St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles Nourse (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 85 Years 6 Months 22 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) April 1939
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Elizabeth
(State or country) New Jersey

PARENTS
13 NAME OF FATHER Thomas J. Looker
14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)
15 MAIDEN NAME OF MOTHER Susan Price
16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Charles Nourse Relation, if any (husband)
(Address) 18 Tewksbury St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/2/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 1 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May, 1938, to May 1, 1939
I last saw her alive on May 1, 1939, death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Arterio Sclerosis	1924
Chronic myocarditis	1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) George W. Dickinson, M. D.
(Address) 89 Somerset Av Date May 2 1939

21 St. Peters Cemetery New Brunswick N.J
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 4, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed MAY 2 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Danvers (City or town making return)
Registered No. 104

2 FULL NAME William Dempster
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 Atlantic Ave. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. 9 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed

5a If married, widowed, or divorced HUSBAND of Elizabeth Welch (or maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days — If less then 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particuler kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) Scotland

PARENTS
13 NAME OF FATHER Peter Dempster
14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland
15 MAIDEN NAME OF MOTHER Jessie Lithdow
16 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

17 Informant (Address) M. K. McPhillips DSH
Relation, if any ( )

A TRUE COPY,
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 5/10/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 8, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Chr. myocarditis
Myocardial failure

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of Injury 19
Where did Injury occur? (City or town and State)
Manner of Injury
Nature of Injury
Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. P. Murphy, M. D.
(Address) Peabody Date 5/8/39 19

22 Place of Burial, Cremation or Removal Woodlawn (City or Town) Everett
DATE OF BURIAL 5/10/39 19

23 NAME OF UNDERTAKER C. R. Dennison
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

25m.11.36. No. 9080-h

RECEIVED
WINTHROP, MASS.
JUN - 5 1939 AM

301

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

WINTHROP (City or town making return)

Registered No. 105

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 105 Grovers Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME NATHANIEL WATSON BARROWS
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 105 GROVERS AVE St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 4 years 6 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Male
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)	Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	
6 IF STILLBORN, enter that fact here.	
7 AGE	84 Years 7 Months 26 Days. If less than 1 day ... Hours ... Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Gen Manf.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Retired 35 Yrs.
10 Date deceased last worked at this occupation (month and year)	1904
11 Total time (years) spent in this occupation	20
12 BIRTHPLACE (City)	Middleboro
(State or country)	Mass
13 NAME OF FATHER	Edward N. Barrows
14 BIRTHPLACE OF FATHER (City)	Middleboro
(State or country)	Mass.
15 MAIDEN NAME OF MOTHER	Serena Alden
16 BIRTHPLACE OF MOTHER (City)	Middleboro
(State or country)	Mass
17 Informant	Nathaniel A. Barrows. Relation, if any: Nephew
(Address)	Winthrop Mass. 105 Grovers

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/10/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH	MAY (Month) 9 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 8, 1937, to May 9, 1939
I last saw him alive on May 9, 1939, death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Cerebral Hemorrhage	May 9/39
Contributory causes of importance not related to principal cause:	
Bronchial asthma	1935
Arteriosclerosis	1937
Senility	1939

Name of operation none Date of
What test confirmed diagnosis? clinical & laboratory Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St., Date May 9 1939

21 Rock Cem Middleboro Mass / Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 12, 1939
22 NAME OF UNDERTAKER Kenneth E. Sampson
ADDRESS 309 Main St Brockton

Received and filed May 23, 1939

A TRUE COPY ATTEST: (Registrar)

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

301A

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 106

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 175 Somerset , Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John E. Kiander
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 175 Somerset Ave Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 23 years months days. How long in U.S., if of foreign birth? 61 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of ~~Agustust~~ augusta Phiel ~~Kiander~~ (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 89 Years 8 Months 9 Days — If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant
10 Date deceased last worked at this occupation (month and year) 1930
11 Total time (years) spent in this occupation 60

12 BIRTHPLACE (City) Kevistransater
(State or country) Sweden

PARENTS
13 NAME OF FATHER (NOT KNOWN)
14 BIRTHPLACE OF FATHER (City)
(State or country) Sewden
15 MAIDEN NAME OF MOTHER (NOT KNOWN)
16 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden

17 Informant Blanche E. Kiander Relation, if any (Daughter)
(Address) 175 Somerset Ave Winrhrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/12/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 9 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 12, 1930, to May 9, 1939
I last saw him alive on May 9, 1939, death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Myocarditis	May 12 1930

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ray B Parker, M. D.
(Address) Winthrop Mass. Date May 11 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 12 1939

22 NAME OF UNDERTAKER R. H. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed May 23 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a pe son who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 107

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 215 Grovers Avenue St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth Frances (Swanton) Stone
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 215 Grovers Avenue St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 26 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Bryant V. Stone (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 62 Years 9 Months 23 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) May 1939
11 Total time (years) spent in this occupation 37

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER John J. Swanton
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary (Unable to obtain surname)
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Bryant V. Stone Relation, if any (husband)
(Address) 215 Grovers Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childrey
(Signature of Agent of Board of Health or other)
Health Officer 5/19/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 16 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to May 16, 1939, I last saw her alive on May 16, 1939, death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance in order of onset were as follows: — Date of Onset IMPORTANT
Hypertrophic cirrhosis of the liver — 1934

Contributory causes of importance not related to principal cause:
Hypostatic pneumonia — May 15, 1939.

Name of operation None. Date of
What test confirmed diagnosis? clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible signature], M. D.
(Address) Winthrop Mass. Date May 17, 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL May 19, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed MAY 23 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying. E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Ft. Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)

Registered No. 108

2 FULL NAME CATHERINE L. O'BRIEN
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Allston St, Boston, Mass. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John P. O'Brien (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) June 1930
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER John McNally
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Mary Murray
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Massachusetts

17 Informant Rev. E. T. McNally Relation, if any (Brother)
(Address) 30 Allston St., Boston Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/20/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 18th (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 16th, 1939, to May 18th, 1939
I last saw her alive on May 18th, 1939, death is said to have occurred on the date stated above, at 10:45 P.M.
The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset)
Intestinal obstruction, unqualified, cause undetermined.

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joseph Rich — JOSEPH RICH, Capt. MC, M. D.
(Address) Sta Hosp Ft. Banks, Mass. Date 5/19/1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL May 21, 1939.

22 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop, Massachusetts

Received and filed 19

A TRUE COPY, ATTEST: (Registrar)

MAY 23 1939

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1913*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303 B

information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 199

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 9 Tewkesbury St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles H. Flynn
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 9 Tewkesbury St. Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male 4 COLOR OR RACE: White 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed	18 DATE OF DEATH: May (Month) 20 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Julia A. Monks (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.) Acute Cardiac Failure Probably Coronary Sclerosis General Arterio Sclerosis Found dead seated in a chair in his room
6 IF STILLBORN, enter that fact here.	
7 AGE 74 Years Months Days. If less than 1 day: Hours Minutes	
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10 Date deceased last worked at this occupation (month and year) 1931 11 Total time (years) spent in this occupation about	
12 BIRTHPLACE (City) New Bedford (State or country) Mass.	(See reverse side for description for unknown person)
PARENTS 13 NAME OF FATHER John Flynn 14 BIRTHPLACE OF FATHER (City) (State or country) Ireland 15 MAIDEN NAME OF MOTHER unable to learn 16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland	20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? (Signed) Wm. J. Brickley, M. D. (Address) Boston Date May 22 1939 21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Joseph (Cemetery) Boston (City or town) DATE OF BURIAL May 24 1939
17 Informant Mrs. Mary Kebler (daughter) (Address) 83 Standard St. Mattapan, Mass.	22 NAME OF UNDERTAKER F. T. Prescott ADDRESS 1770 Washington St. Boston
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: (Signature of Agent of Board of Health or other) 1360 (Official Designation) (Date of Issue of Permit) 5/23/39	Received and filed May 31, 1939 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..........

....

....

....

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....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 110

1 PLACE OF DEATH
Suffolk (County)
~~East Boston~~ Winthrop (City or Town)
No. ~~41 Bayswater~~ St. ~~1~~ Ward — Winthrop Community Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Marius Ditlef Bertelsen
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 41 Bayswater St., 1 Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 45 years months days. How long in U.S., if of foreign birth? 45 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed, or divorced HUSBAND of Anna Weyhe (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 69 Years 6 Months 27 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Treasurer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bertelsen Petersen Co.
10 Date deceased last worked at this occupation (month and year): 1922
11 Total time (years) spent in this occupation: 35

12 BIRTHPLACE (City) Svendvorg
(State or country) Denmark

PARENTS
13 NAME OF FATHER: Jens Bertelsen
14 BIRTHPLACE OF FATHER (City) Svendvorg
(State or country) Denmark
15 MAIDEN NAME OF MOTHER: Christine Thompsen
16 BIRTHPLACE OF MOTHER (City) Svendvorg
(State or country) Denmark

17 Informant Anna W. Bertelsen (Relation, if any: wife)
(Address) 41 Bayswater St., E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/23/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 21 - 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May, 1937, to May 21, 1939.
I last saw him alive on May 21, 1939, death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Hypertrophic arthritis	1935
Arteriosclerosis	1937
Mesenteric thrombosis	May 19 - 1939

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Acute congestive myocarditis	May 21, 1939

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Charles Melone M.D., M. D.
(Address) 305 Havre St. E Boston Date May 21, 1939

21 Mt. Auburn Crematory, Cambridge
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 23, 1939

22 NAME OF UNDERTAKER E. C. Rollins
ADDRESS 300 Meridian St., E. Boston

Received and filed ~~MAY 23 1939~~ MAY 31 1939 19
James A. Burke (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 111

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Summit Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Donald C. McNeil
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 15 Summit Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: May (Month) 22 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Benita Fenton (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I ~~attended~~ deceased from never, 19 , to , 19 . I ~~last~~ saw h im alive on , 19 , death is said to have occurred on the date stated above, at 2 P m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows:
7 AGE 70 Years Months Days · If less than 1 day Hours Minutes	Natural Cause, Probably Acute Myocarditis — Date of Onset (IMPORTANT): May 22 1939.
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer	Contributory causes of importance not related to principal cause:
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Marine	Name of operation: none · Date of
10 Date deceased last worked at this occupation (month and year): May 1939 · 11 Total time (years) spent in this occupation: 10	What test confirmed diagnosis? Investigation · Was there an autopsy? No
12 BIRTHPLACE (City): Orono (State or country): Maine	20 Was disease or injury in any way related to occupation of deceased? No. If so, specify
PARENTS: 13 NAME OF FATHER: Charles McNeil	(Signed) Raymond B. Parker Chr, M. D.
14 BIRTHPLACE OF FATHER (City) (State or country): Prince Edwards Island	(Address) Winthrop Board of Health · Date May 23 1939.
15 MAIDEN NAME OF MOTHER: Mary McCarthy	21 Mt. Pleasant Bangor, Maine — Place of Burial, Cremation or Removal (City or Town)
16 BIRTHPLACE OF MOTHER (City): Bangor (State or country): Maine	DATE OF BURIAL: May 25, 1939 19
17 Informant: Mrs Benita McNeil (Relation, if any: wife) (Address) 15 Summit Ave., Winthrop	22 NAME OF FUNERAL DIRECTOR: John F. O'Maley · ADDRESS: Winthrop, Massachusetts
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) · Health Officer (Official Designation) · 5/24/39 (Date of Issue of Permit)	Received and filed MAY 31 1939 19 · (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 112

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 175 Shirley St St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles V. Briggs
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ....

(a) Residence. No. 175 Shirley St. Winthrop St., ... Ward, ... (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Anna Mary Shurvell Briggs (Give maiden name of wife in full)
(or) WIFE of .... Shurvell (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years 4 Months 12 Days — If less than 1 day .... Hours .... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Time clock mfg
10 Date deceased last worked at this occupation (month and year) May 22
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) Otego Otego
(State or country) N. Y.

PARENTS
13 NAME OF FATHER Marlin Van Buren Briggs
14 BIRTHPLACE OF FATHER (City) ....
(State or country) England
15 MAIDEN NAME OF MOTHER unable to obtain
16 BIRTHPLACE OF MOTHER (City) " " "
(State or country) " " "

17 Informant Anna May S. Briggs (wife)
(Address) 2315 - 15th St. N. West Washington D.C.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 5/24/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 23 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

acute Cardiac Dilatation
Right Lobar Pneumonia
Chronic nephritis

Found collapsed in his room

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? ....
(Signed) Wm. J. Brickley, M. D.
(Address) Boston May 23 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL May 25th 1939

22 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop Mass

Received and filed MAY 31 1939 .... 19 ....
(Registrar)

5m-12-'34. No. 2938-g

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made.... —*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;... —*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)...

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NOTICE TO UNDERTAKERS: **No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.**—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 113

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 22 Wave Way ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Esther Flaxman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 35 Forest St. Winthrop St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 24 yrs. mos. days. How long in U. S., if of foreign birth? 30. yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female	4 COLOR OR RACE: white	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed	18 DATE OF DEATH: May (Month) 27 (Day) 1939 (Year)

5a If married, widowed, or divorced HUSBAND of ~~Hoffman~~ (Give maiden name of wife in full)
(or) WIFE of Ralph Flaxman (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) Russia

PARENTS
13 NAME OF FATHER Frank Goldberg.
14 BIRTHPLACE OF FATHER (City)
(State or country) Russia
15 MAIDEN NAME OF MOTHER Chipi Roma.
16 BIRTHPLACE OF MOTHER (City)
(State or country) Russia

17 Informant Julia Sokol (daughter)
(Address) 69 Kensington Lane Swampscott

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: 13739

HENRY F. RILEY (Signature of Agent of Board of Health or other)
MAY 27 1939
(Official Designation) (Date of Issue of Permit)
BOSTON HEALTH DEPT.

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Strangulation due to cord around neck

Suicidal

Found dead & hanging from a door frame

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) [illegible], M. D.
(Address) Boston Date May 27 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Beth Israel (Cemetery) Everett. (City or town)
DATE OF BURIAL May 28, 1939.

22 NAME OF UNDERTAKER Louis Hymanson.
ADDRESS Lynn Mass.

Received and filed ... 1939 19
MAY 31 1939 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 114

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 163 Pleasant St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Cummings Ide (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 163 Pleasant St., Ward, (Usual place of abode) " " " (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 25 years — months — days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Edwin N. Ide (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 91 Years Months Days — If less than 1 day Hours Minutes
OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) 47 yrs ago
11 Total time (years) spent in this occupation 30 yrs
12 BIRTHPLACE (City) Preble (State or country) N.Y.
PARENTS
13 NAME OF FATHER Holley Cummings
14 BIRTHPLACE OF FATHER (City) (State or country) Unable to obtain
15 MAIDEN NAME OF MOTHER Lydia A Baldwin
16 BIRTHPLACE OF MOTHER (City) (State or country) Unable to obtain
17 Informant Mrs Florence Heyntz Relation, if any Daughter
(Address) 163 Pleasant St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childs (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/31/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 28 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1930, to May 28, 1939
I last saw her alive on May 28, 1939, death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute coronary thrombosis	May 25 1939
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	1937
Senility	1939

Name of operation none Date of —
What test confirmed diagnosis Clinical & laboratory Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D., M. D.
(Address) 562 Shirley St, Date May 30 1939
21 Winthrop Place of Burial, Cremation or Removal. Cemetery Winthrop Mass City or Town Winthrop
DATE OF BURIAL May 31, 1939
22 NAME OF FUNERAL DIRECTOR A. H. Ward & Son
ADDRESS 7 Irving St Malden
Received and filed MAY 31 1939 19
(Registrar)

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate. ...should be carefully supplied. Age should be stated EXACTLY.

100m-9-'37. No. 1859.

Dr Abrams
Shirley St

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account ot the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, bis supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall nave been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to he returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has heen sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-301

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

200M-11-'29. No. 7180-a

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return) —

Registered No. 115

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 132 Washington Ave., St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 132 Washington Ave., St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed or divorced HUSBAND of Ernestine N. Noa
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years 11 Months 29 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10 Date deceased last worked at this occupation (month and year) 40
11 Total time (years) spent in this occupation 1930

12 BIRTHPLACE (City) Philadelphia
(State or country) Pa.

PARENTS
13 NAME OF FATHER Samuel Davis
14 BIRTHPLACE OF FATHER (City) Phil.
(State or country) Pa.
15 MAIDEN NAME OF MOTHER Barbara Ann Montague
16 BIRTHPLACE OF MOTHER (City) Phil.
(State or country) Pa.

17 Informant Mrs. Samuel Davis (Wife)
(Address) 132 Washington Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress(?) (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/31/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 29 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 1938, to May 29, 1939.
I last saw him alive on August 30, 1938, death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)
Generalized arteriosclerosis
Cardio-vascular-renal disease — 1938
(a) Chronic myocarditis
(b) " nephritis

~~Contributory causes of importance not related to principal cause:~~
Death occurred during absence of regular attending physician: Dr. R. B. Parker of Winthrop

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur E. Murray, M. D.
(Address) Winthrop, Mass. Date 5/30 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Vernon (Cemetery) Phil., Pa. (City or town)
DATE OF BURIAL June 1, 1939

22 NAME OF UNDERTAKER Richard B. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed ... 19 ...

A TRUE COPY, ATTEST: MAY 31 1939 (Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	*May 3, 1927*

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made...*Chap.* 114, *Sec.* 46, *G. L., as amended.*

State cause for which surgical operation was undertaken.

Bronchopneumonia: If primary cause, write the word "primary"; if secondary, give primary cause.

Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus.

1 R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 116

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Diane Rosalie Ford
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 Hutchinson St Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 4 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female.
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 5 Years 8 Months 10 Days — If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Stoneham
(State or country) Mass

PARENTS
13 NAME OF FATHER Jacob Louis Ford
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
15 MAIDEN NAME OF MOTHER Doris M. Eckhardt
16 BIRTHPLACE OF MOTHER (City) New York
(State or country) N. Y.

17 Informant Jacob L Ford (father)
(Address)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 5/31/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 29 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Ruptured Liver
Internal abdominal Hemorrhage

Presumably accidental.
Said to have been injured by an iron bar which fell on her, at Winthrop, on May-29-1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop
(Signed) Wm J. Brickley, M. D.
(Address) Boston Date May-29-1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL June 1st 1939

22 NAME OF UNDERTAKER Chas. R. Bennison
ADDRESS Winthrop Mass

Received and filed MAY 31 1939
(Registrar)

5m-12-'34. No. 2938-g

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the hoard of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall he issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot he obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medieal examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 3399

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Infants Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME --- Sewall Twin # 1

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 117

(a) Residence. No. 876 Shirley St., Ward, Winthrop

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX M	18 DATE OF DEATH March (Month) 23 (Day) 1939 (Year)
4 COLOR OR RACE W	
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single	

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days — If less than 1 day 2 Hours 20 Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Winthrop

PARENTS
13 NAME OF FATHER Richard F Sewall
14 BIRTHPLACE OF FATHER (City) (State or country) Winthrop
15 MAIDEN NAME OF MOTHER Margaret T Hollyhood
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston

17 Informant father (Address) Relation, if any ( )

A TRUE COPY.
ATTEST: James A. Burke (Registrar of city or town where death occurred)
DATE FILED 4/9/39 19

19 I HEREBY CERTIFY, That I attended deceased from 3/23/39 19 , to 3/23/39 , 19 . I last saw him alive on 3/23/39 , 19 , death is said to have occurred on the date stated above, at 9:50 pm.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
prematurity	
intracranial hemorrhage	1 da

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R A Ross, M. D.
(Address) 300 Longwood Av Date 3/23 19 39

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 4/7/39 19

22 NAME OF UNDERTAKER A E Long & Son
ADDRESS Cambridge

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUN 14 1939 AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH SUFFOLK (County) BOSTON (City or Town)

No. Infants Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)

Registered No. 3400

2 FULL NAME --- Sewall # Twin # 2 (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 118 / 119

(a) Residence. No. 876 Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days If less than 1 hr. 5 Hours 45 Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Winthrop

PARENTS
13 NAME OF FATHER Richard F Sewall
14 BIRTHPLACE OF FATHER (City) (State or country) Winthrop
15 MAIDEN NAME OF MOTHER Margaret T Hollyhood
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston

17 Informant father Relation, if any
(Address) ( )

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 4/9/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH March 24 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 3/23/39 19 to 3/24/39 19
I last saw him alive on 3/24/39, 19, death is said to have occurred on the date stated above, at 9:35 pm.
The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

prematurity

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? ye

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R A Ross, M. D.
(Address) 300 Longwood Av Date 3/24 19 3

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 4/7/39 19

22 NAME OF UNDERTAKER A E Long & Son
ADDRESS Cambridge

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUN 14 1939 AM

R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

State Infirmary
Tewksbury (City or town making return)
Registered No. 124

1 PLACE OF DEATH: Middlesex (County)
Tewksbury (City or Town)
No. State Infirmary St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Helen Lorena Remington
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 113

(a) Residence. No. (Not learned) St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 16 yrs. 9 mos. 2 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE: 74 Years 8 Months 19 Days. If less than 1 day: Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City): Springfield
(State or country): Massachusetts

PARENTS
13 NAME OF FATHER: Lorenzo Remington
14 BIRTHPLACE OF FATHER (City): Akron
(State or country): Ohio
15 MAIDEN NAME OF MOTHER: Harriet Blynn
16 BIRTHPLACE OF MOTHER (City): Hartford
(State or country): Connecticut

17 Informant (Address): Hospital Record

A TRUE COPY.
ATTEST: Lawrence K. Kelley M. D. Supt.
(Registrar of city or town where death occurred)
DATE FILED April 14 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: April (Month) 14 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 11, 1922 to April 14, 1939
I last saw her alive on April 13, 1939, death is said to have occurred on the date stated above, at 6:10 A.M.

The principal cause of death and related causes of importance in order of onset were as follows: — Date of onset
Hypertensive Heart Disease — + yrs

Contributory causes of importance not related to principal cause:
Cretinism — yrs. +
Mental Deficiency — Yrs. +

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward J. O'Donoghue, M. D.
(Address) State Infirmary Date 4/14 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Springfield (Cemetery) Springfield (City or town)
DATE OF BURIAL: April 17 1939

22 NAME OF UNDERTAKER: C. R. Bennison
ADDRESS: 174 Winthrop St. Winthrop

Received and filed April 14 1939
(Registrar of City or Town where deceased resided)

50m-9-'31. No. 3385-r

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WINTHROP, MASS.
JUN 19 1939 AM

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Soldiers' Home St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Chelsea (City or town making return)
Registered No. 312

2 FULL NAME Alfred T. Bagness (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) SW 120

(a) Residence. No. 2 Highland Ave. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. 5 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married
5a If married, widowed, or divorced HUSBAND of Louisa M. Baxter (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 64 Years 1 Months 20 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer (shoes)
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Halifax
(State or country) Canada

PARENTS
13 NAME OF FATHER Charles W.
14 BIRTHPLACE OF FATHER (City) Essex
(State or country) England
15 MAIDEN NAME OF MOTHER Mary Ann Boyer
16 BIRTHPLACE OF MOTHER (City)
(State or country) Newfoundland

17 Informant Hospital Records Relation, if any ( )
(Address)

A TRUE COPY.
ATTEST: Lewis Glazer (Registrar of city or town where death occurred)
Agent DATE FILED May 6, 1939 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 6, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 6, 1939
I last saw him alive on May 6, 1939 death is said to have occurred on the date stated above, at 1:30P m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset
Hypertensive ht. disease | ?
Hypertension | ?
Cardiac decompensation | ?

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Lewis Glazer, M. D.
(Address) Soldiers' Home Date 5-6 1939

21 Winthrop, Winthrop, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL May 9, 1939 19
22 NAME OF UNDERTAKER C. R. Bennison R. Kirby
ADDRESS 170 Winthrop St., Winthrop

Received and filed May 8, 1939 19
Joseph A. Tyrrell
(Registrar of City or Town where deceased resided)

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m.-11-'36. No. 9080-g

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WINTHROP, MASS.
JUN 15 1939 AM

M R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 4852

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. Boston City Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward J Hoey (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 121

(a) Residence. No. 52 Revere St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years Months Days. If less than 1 day: Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. longshoreman

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cunard Line

10 Date deceased last worked at this occupation (month and year) 6/38

11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) (State or country) Boston

PARENTS

13 NAME OF FATHER Matthew Hoey

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Elizabeth McKevitt

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Father Relation, if any ( )
(Address)

A TRUE COPY.

ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 5/23/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

crushing wounds of chest & fracture of spine

20 If death was due to external causes (VIOLENCE) fill in the following:

Accident, Suicide or Homicide? XXXX XXXXX

Date of Injury 5/17/39

Where did Injury occur? East Boston (City or town and State)

Manner of Injury presumably struck by a train

Nature of Injury

Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W H Watters, M. D.
(Address) Boston Date 5/19 1939

22 Place of Burial, Cremation or Removal Holy Cross (City or town) Malden

DATE OF BURIAL 5/21/39 19

23 NAME OF UNDERTAKER F J Magrath
ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

25m-11-'36. No. 9080-h

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FORM R-305

MARGIN RESERVED FOR BINDING

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 4852

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Boston City Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward J Hoey
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 121

(a) Residence. No. 52 Revere St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. longshoreman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cunard Line
10 Date deceased last worked at this occupation (month and year) 6/38
11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City)
(State or country) Boston

PARENTS
13 NAME OF FATHER Matthew Hoey
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Elizabeth McKevitt
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant (Address) Father
Relation, if any ( )

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)
DATE FILED 5/23/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

crushing wounds of chest & fracture of spine

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide, or Homicide? XXX XXXXX
Date of Injury 5/17/39 19
Where did Injury occur? East Boston
(City or town and State)
Manner of Injury presumably struck by a train
Nature of Injury
Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W H Watters, M. D.
(Address) Boston Date 5/19 19 39

22 Place of Burial, Cremation or Removal Holy Cross (City or town) Malden
DATE OF BURIAL 5/21/39 19

23 NAME OF UNDERTAKER F J Magrath
ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

25m-11-'36. No. 9080-h

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RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 4799

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)

No. 10 Abbott St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sallie Marden (If U. S. War Veteran, specify WAR) 122
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 565 Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Abram Marden (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10 Date deceased last worked at this occupation (month and year): 4/39
11 Total time (years) spent in this occupation: 12

12 BIRTHPLACE (City)
(State or country) Austria Hungary

PARENTS
13 NAME OF FATHER: Aron L Aron
14 BIRTHPLACE OF FATHER (City)
(State or country) Austria Hungary
15 MAIDEN NAME OF MOTHER: Resiel ---
16 BIRTHPLACE OF MOTHER (City)
(State or country) Austria Hungary

17 Informant Sadie Seigel (Relation, if any: dau.)
(Address)

A TRUE COPY.
ATTEST: [signature] (Registrar of city or town where death occurred)

DATE FILED 5/20/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 17 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 2/39, 19 , to 5/17/39, 19
I last saw her alive on 5/17/39, 19 , death is said to have occurred on the date stated above, 10:15 pm.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
cardiac decompensation	1938
arteriosclerotic heart dis.	1938

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C Liberman, M. D.
(Address) 26 Wave Way Av Date 5/17 39

21 Place of Burial, Cremation or Removal Austria Hungarian (City or Town)
DATE OF BURIAL 5/19/39 19

22 NAME OF UNDERTAKER J H Levine
ADDRESS Boston

Received and filed 19

(Registrar of City or Town where deceased resided)

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FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 4924

1 PLACE OF DEATH

SUFFOLK (County)

BOSTON (City or Town)

No. Peter Bent Brigham Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary I L Flammer (If U. S. War Veteran, specify WAR) 123

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 500 Shirley St., Ward, Winthrop

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of William T Flammer (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 24 Years 6 Months 7 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year): 5/39

11 Total time (years) spent in this occupation: 9

12 BIRTHPLACE (City) (State or country): Washington DC

PARENTS

13 NAME OF FATHER: Claremce B Thompson

14 BIRTHPLACE OF FATHER (City) (State or country): Washington DC

15 MAIDEN NAME OF MOTHER: Sue Ridgeley

16 BIRTHPLACE OF MOTHER (City) (State or country): Washington DC

17 Informant (Address) Relation, if any (Husband)

A TRUE COPY.

ATTEST: James P. Burke (Registrar of city or town where death occurred)

DATE FILED ....19....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May 22/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 5/21/39, 19...., to 5/22/39, 19....

I last saw her alive on 5/22/39, 19...., death is said to have occurred on the date stated above, at 6.25a m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Ac yellow atrophy of liver	5/9/39

Contributory causes of importance not related to principal cause:

Name of operation .... Date of ....

What test confirmed diagnosis? .... Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W B Osgood F J Bailey approved M. D.

(Address) Peter B B Hosp Date 5/22/39 19

21 Place of Burial, Cremation or Removal: Fort Lincoln Washington DC (City or Town)

DATE OF BURIAL 5/22/39 19

22 NAME OF UNDERTAKER F W Brown

ADDRESS Medford

Received and filed 5/24/39 19

(Registrar of City or Town where deceased resided)

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 3972

1 PLACE OF DEATH SUFFOLK (County)
BOSTON (City or town) Beth Israel Hospital
No. .... St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Max Liberman
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 124

(a) Residence. No. 26 Wave Way Ave Winthrop Mass St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ... yrs. ... mos. ... days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Rebecca Schneider
(Give maiden name of wife in full)
(or) WIFE of ....
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years ... Months ... Days — If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Himself

10 Date deceased last worked at this occupation (month and year) 1939

11 Total time (years) spent in this occupation ?yrs

12 BIRTHPLACE (City) .... (State or country) Russia

PARENTS

13 NAME OF FATHER Morris Liberman

14 BIRTHPLACE OF FATHER (City) .... (State or country) Russia

15 MAIDEN NAME OF MOTHER ----- -----

16 BIRTHPLACE OF MOTHER (City) .... (State or country) Russia

17 Informant Dr C Liberman Relation, if any Son
(Address) 26 Wave Way Ave Winthrop

A TRUE COPY.
ATTEST: James A. Burk
(Registrar of city or town where death occurred)

DATE FILED .... 19....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH April 22, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from April 16, 1939 to April 22, 1939

I last saw him alive on April 22, 1939, death is said to have occurred on the date stated above, at 9.55A m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

Chronic cholecystitis
Cholelithiasis Aug. '38
Choledocholithiasis ---
Cyst of pancreas
Hepato renal failure 4-19-39

Contributory causes of importance not related to principal cause:

Benign Prostatic hypertrophy ?

Name of operation Cholecystectomy common bile duct exploration excision of bile duct Date of 4-18-39
What test confirmed diagnosis? Autopsy Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. Rosenfeld, M. D.
(Address) Beth Israel Hospt Date 4-22 1939

21 Winthrop Cem-Winthrop Mass
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL April 23, 1939

22 NAME OF UNDERTAKER Manuel Stanetsky
ADDRESS 10 Washington St Boston Mass

Received and filed April 25, 1939

(Registrar of City or Town where deceased resided)

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OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUN 14 1939 AM

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-36. No. 9080-F

BOSTON NOTIFIED 1/7/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 125

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Leonard Gordon Greenwood
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 17 Monmouth St., 1 Ward, E. Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months 30 days. How long in U.S., if of foreign birth? life years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Margaret P. Taylor (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years 3 Months 2 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern-maker

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlantic Works

10 Date deceased last worked at this occupation (month and year) 1933

11 Total time (years) spent in this occupation 37

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS

13 NAME OF FATHER William Greenwood

14 BIRTHPLACE OF FATHER (City) Yorkshire
(State or country) England

15 MAIDEN NAME OF MOTHER Hannah Carr

16 BIRTHPLACE OF MOTHER (City) Rotheran
(State or country) England

17 Informant Margaret P. Greenwood (Relation, if any: wife)
(Address) 17 Monmouth St., E. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress
(Signature of Agent of Board of Health or other)

Health Officer 6/5/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 4, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to June 4, 1939.

I last saw him alive on June 4, 1939, death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Lung abscess	May 1/1939
Myocarditis	1930
Mitral regurgitation	1930
Type III Lobar (L) pneumonia	Apr 25/1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? X Ray & Sputa Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible], M. D.

(Address) 19 Bennington Date June 4, 1939

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL June 6, 1939

22 NAME OF UNDERTAKER E. C. Rollins
ADDRESS 300 Meridian St., E. Boston

Received and filed ... 19...
JUN ...
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 126

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 919 Shirley St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alma Matilda (Sellars) George
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 919 Shirley St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 12 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Francis George (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) May 1939
11 Total time (years) spent in this occupation 48

12 BIRTHPLACE (City) Bradford
(State or country) England

PARENTS
13 NAME OF FATHER Charles William Sellars
14 BIRTHPLACE OF FATHER (City)
(State or country) England
15 MAIDEN NAME OF MOTHER Elizabeth Penney
16 BIRTHPLACE OF MOTHER (City)
(State or country) England

17 Informant Louise Macdonald Relation, if any (sister)
(Address) 143 Edgewood St Hartford Conn.

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 6/6/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH ~~May~~ June - 4 - 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May - 20, 1939, to June 4, 1939
I last saw h er alive on June 4, 1939, death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT

Diabetes Mellitus - ?

Contributory causes of importance not related to principal cause:

Gangrene of Rt. foot May 15

Name of operation No Date of
What test confirmed diagnosis? Urinalysis Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Grainger, M. D.
(Address) 200 Wellington Date 6-6 1939.

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 7, 1939 19

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JUN 1 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 127

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Fort Banks St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME IRMA B. BLAKELY, (If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. Fort McKinley, Maine St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 3 days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William R. Blakely, Capt US Army (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years 6 Months 29 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) June 2, 1939
11 Total time (years) spent in this occupation Unknown

12 BIRTHPLACE (City) Lancaster, S.C. (State or country)

PARENTS
13 NAME OF FATHER O.H. Bell,
14 BIRTHPLACE OF FATHER (City) Lancaster, S.C. (State or country)
15 MAIDEN NAME OF MOTHER Ella Bell
16 BIRTHPLACE OF MOTHER (City) Lancaster, S.C. (State or country)

17 Informant Registrar, Sta Hosp Ft Banks, Mass. (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/6/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 5th (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 2nd, 1939, to June 5th, 1939. I last saw her alive on June 5th, 1939, death is said to have occurred on the date stated above, at 11:15 AM

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Cardiac dilatation, acute, severe, cause undetermined.	5/20/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Gastritis, acute, catarrhal, severe, dietetic.	5/20/39

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) C. T. Sale, M. D.
C. T. SALE, Lt. Col MC USA
(Address) Fort Banks, Mass. Date 6/5 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Lancaster (Cemetery) Lancaster S.C. (City or town)
DATE OF BURIAL June 9 1939

22 NAME OF UNDERTAKER Murray & Murray & Vincent
ADDRESS 154 Beach St Revere

Received and filed JUN 1 1939 19

(Registrar)

A TRUE COPY, ATTEST:

INSTRUCTIONS. ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-e

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Dukes County (County)
Oak Bluffs (City or Town)
No. Pequot Avenue St., Ward

Oak Bluffs (City or town making return)

Registered No. 34

(If death occurred in a hospital or institution, give its NAME instead of street and number)

123

2 FULL NAME Alfred Wilson Tait
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) —

(a) Residence. No. 29 Sagamore Ave. St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Elizabeth Maahon
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years 2 Months 21 Days — If less than 1 day ...Hours ...Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Proprietor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1939
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Boston,
(State or country) Mass.

PARENTS
13 NAME OF FATHER Robert Y. Tait
14 BIRTHPLACE OF FATHER (City) Glasgow
(State or country) Scotland
15 MAIDEN NAME OF MOTHER Gene Wilson
16 BIRTHPLACE OF MOTHER (City) New Bedford,
(State or country) Mass.

17 Informant Mrs. A. W. Tait (wife)
(Address) 29 Sagamore Ave., Winthrop, Mass.

A TRUE COPY.
ATTEST: Anna L. Oliver
(Registrar of city or town where death occurred)
DATE FILED June 8, 1939.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 6, 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to June 6, 1939
I last saw him alive on June 6, 1939, death is said to have occurred on the date stated above, at 9 39/ p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cerebral hemorrhage	6/6/39.

Contributory causes of importance not related to principal cause:

Coronary Heart Disease	6/1/39.

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Chester L. Glenn, M. D.
(Address) Oak Bluffs, Mass. Date 6/6 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop, Winthrop
(Cemetery) (City or town)
DATE OF BURIAL June 9, 1939

22 NAME OF UNDERTAKER Leland W. Renear
ADDRESS Tisbury, Mass.

Received and filed JUN 9 1939

(Registrar of City or Town where deceased resided)

...tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385

R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 129

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 114 Brookfield Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Louis Barry (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 114 Brookfield Road St., Winthrop Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Ellen L. Mellon (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Boston

10 Date deceased last worked at this occupation (month and year) Feb 1939

11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Lewiston
(State or country) Me.

PARENTS

13 NAME OF FATHER James Barry

14 BIRTHPLACE OF FATHER (City) Lewiston
(State or country) Me.

15 MAIDEN NAME OF MOTHER Catherine Colbert

16 BIRTHPLACE OF MOTHER (City) Lewiston
(State or country) Maine

17 Informant Ellen L. Barry
(Address) 114 Brookfield Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 6/15/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 13 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Bullet Wound Brain

Presumably Suicidal

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop

(Signed) Wm. J. Brickley, M. D.

(Address) Boston June 13 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL St. Josephs (Cemetery) Boston (City or town)

DATE OF BURIAL June 15 1939

22 NAME OF UNDERTAKER John F. O'Maley

ADDRESS Winthrop

Received and filed JUN 15 1939 (Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

....

....

....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301A

To be filed for burial permit with Board of Health or its Agent.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 130

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 76 Sunnyside Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frederick Francis Jandreau
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 76 Sunnyside Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single
5a If married, widowed, or divorced HUSBAND of ---------- (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE: Years 1 Months 15 Days; If less than 1 day: Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ----------
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------
10 Date deceased last worked at this occupation (month and year) ---------- 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER: Frederick Jandreau
14 BIRTHPLACE OF FATHER (City): Cambridge
(State or country): Massachusetts
15 MAIDEN NAME OF MOTHER: Coris Stewart
16 BIRTHPLACE OF MOTHER (City): Weehawken
(State or country): New Jersey

17 Informant (Address): Frederick Jandreau (Father) 76 Sunnyside Ave Winthrop
Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childers
(Signature of Agent of Board of Health or other)
H. O.
(Official Designation)
June 16/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: June (Month) 16 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to June 16, 1939
I last saw him alive on June 14 1939 death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Spina Bifida — Date of Onset (IMPORTANT): 14 m

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible signature], M. D.
(Address) 4 Washington Ave Date 6/16 1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 16, 1939. 19

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Massachusetts

Received and filed JUN 27 1939 19
(Registrar)

Informant should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 131

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 54 Richland Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie (Goodwin) Carver (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Prescott St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred 35 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George Carver (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years 8 Months 7 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Dec 1938
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Newburyport
(State or country) Mass.

PARENTS
13 NAME OF FATHER Nathaniel Goodwin
14 BIRTHPLACE OF FATHER (City) Newburyport
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Carolyn Pettengill
16 BIRTHPLACE OF MOTHER (City) Newburyport
(State or country) Mass.

17 Informant Barbara Stewart Relation, if any (Grand Daughter)
(Address) 11 Prescott St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/19/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 16 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to June 16, 1939
I last saw her alive on June 12, 1939, death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Cerebral embolism	Jan 1

Contributory causes of importance not related to principal cause:
Arterio sclerosis
Chronic Bright's Dis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date 6/17 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL June 19 1939

22 NAME OF UNDERTAKER C. R. Bennions
ADDRESS Winthrop Mass

Received and filed JUN 25 1939 19
37
(Registrar)

A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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(Left margin, printed vertically:) ...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9 '37. No. 1859:.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 132

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 93 Cliff Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie Laurie (McNeil) Campbell
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 93 Cliff Ave. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John W. Campbell (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 84 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) [illegible] 1932
11 Total time (years) spent in this occupation 55

12 BIRTHPLACE (City) Cape Breton
(State or country) Nova Scotia

PARENTS
13 NAME OF FATHER Roderick McNeil
14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland
15 MAIDEN NAME OF MOTHER Elizabeth
16 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

17 Informant Lillian Campbell Relation, if any (Daughter)
(Address) 93 Cliff Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. F. Childers
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation) 6/19/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 18 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 9, 1939, to June 18, 1939
I last saw her alive on June 17, 1939, death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
generalized arteriosclerosis	1929

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gyidie W. Dickinson, M. D.
(Address) 89 Somerset Ave Winthrop Date 6/18 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 20 1939

22 NAME OF FUNERAL DIRECTOR John F O'Malley
ADDRESS Winthrop, Massachusetts

Received and filed JUN 27 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

-301A

Quincy notified 9/7/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 133

1 PLACE OF DEATH
(County) ....
(City or Town) Winthrop
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elynor Parnell Slade (If U. S. War Veteran specify WAR) ....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 195 Upland Rd St., Ward, Quincy
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred .... years .... months 7 days. How long in U.S., if of foreign birth? .... years .... months .... days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: June (Month) 19 (Day), 1939 (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Phillip H Slade (Husband's name in full)	19 I HEREBY CERTIFY That I attended deceased from June 11, 1939, 19.., to June 19, 1939. I last saw her alive on June 18, 1939, death is said to have occurred on the date stated above, at 1 15 A.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows:
7 AGE 31 Years .... Months .... Days. If less than 1 day .... Hours .... Minutes	Uremia — Date of Onset 6-17-39
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home	Chronic glom. nephritis — 1939
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Malignant hypertension — 1939
10 Date deceased last worked at this occupation (month and year) .... 11 Total time (years) spent in this occupation	(generalized arterio sclerosis — 1939
12 BIRTHPLACE (City) Waltham (State or country) Mass	Contributory causes of importance not related to principal cause:
PARENTS 13 NAME OF FATHER Alfred W Parnell	
14 BIRTHPLACE OF FATHER (City) Elgin (State or country) ? Scot	Name of operation .... Date of .... What test confirmed diagnosis? Laboratory Was there an autopsy? No
15 MAIDEN NAME OF MOTHER Sarah McGourty	20 Was disease or injury in any way related to occupation of deceased? No If so, specify ....
16 BIRTHPLACE OF MOTHER (City) .... (State or country) England	(Signed) Harold Musgrove, M. D. (Address) 676 Beach St Revere Date 6-19-1939
17 Informant Phillip H Slade Relation, if any (Husband) (Address) 195 Upland Rd Quincy	21 Milton Milton — Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL June 21 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Chiddest (?) (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 6/19/39 (Date of Issue of Permit)	22 NAME OF FUNERAL DIRECTOR Frederic J Crosby ADDRESS 867 Beacon St Boston
	Received and filed JUN 25 1939 .... 19.. (Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 134

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 36 Read St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna E Fors
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 36 Read St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? 50 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of Victor Fors
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) June 1939
11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City)
(State or country) Sweden

PARENTS
13 NAME OF FATHER Gustave Peterson
14 BIRTHPLACE OF FATHER (City)
(State or country) Sweden
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City)
(State or country) Sweden

17 Informant Victor Fors (Relation, if any: Son)
(Address) 36 Read st Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
6/26/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 24 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to June 24, 1939,
I last saw h er alive on June 24, 1939, death is said to have occurred on the date stated above, at 1.30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Myocarditis	Jan 1936

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. [illegible], M. D.
(Address) 4 Washington [illegible] Date 6-25 1939

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL June 26 1939

22 NAME OF UNDERTAKER R.C. Kirby
ADDRESS 17 Bennington st E Boston

Received and filed ... 19...
JUN 27 1939
(Registrar)

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080 F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-e

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 135

1 PLACE OF DEATH SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Fort Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH A. DUPREY
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) Spanish World Wars

(a) Residence. No. RFD #1 North Chelmsford, Mass St., Ward, North Chelmsford, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred Unknown mos. days. How long in U. S., if of foreign birth? Unknown mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Aldea Roy (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 59 Years 7 Months 11 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st Sgt CAC Retired US Army
10 Date deceased last worked at this occupation (month and year) - - - - -
11 Total time (years) spent in this occupation - - -

12 BIRTHPLACE (City) (State or country) Canada

PARENTS
13 NAME OF FATHER Unknown Duprey
14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Unknown
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City) Unknown (State or country)

17 Informant Registrar, Sta Hosp Ft Banks, Mass. (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress (Signature of Agent of Board of Health or other)
Agent (Official Designation) 6/27/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 25th (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to June 25, 1939
I last saw him alive on June 25th, 1939, death is said to have occurred on the date stated above, at 8:20Pm.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Coronary occlusion, left.	6/25/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Aortitis, chronic, syphilitic, severe.	Unknown

Name of operation - - - - Date of - - -
What test confirmed diagnosis? - - - Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. O. [illegible]FF, Capt MC US Army, M. D.
(Address) Fort Banks, Mass. Date 6/25 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL St Joseph's E. Chelmsford, (Cemetery) (City or town)
DATE OF BURIAL June 29, 1939

22 NAME OF UNDERTAKER [illegible]. R. Laurin
ADDRESS Lowell, Mass

Received and filed June 27 1939
(Registrar)

A TRUE COPY, ATTEST:

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Laws of the Commonwealth of Massachusetts Governing the Return of Certificates of Death

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 136

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)
No. 117 Court Rd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Thomas E. Glassett
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 117 Court St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed, or divorced HUSBAND of: Elizabeth A. Whelan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE: 75 Years Months Days. If less than 1 day Hours Minutes
OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chemist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Commercial
10 Date deceased last worked at this occupation (month and year): June 1937
11 Total time (years) spent in this occupation: 50
12 BIRTHPLACE (City): East Boston (State or country): Mass
PARENTS
13 NAME OF FATHER: Dennis Glassett
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Elizabeth McNulty
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland.
17 Informant: Mrs Elizabeth Glassett; Relation, if any: Wife
(Address): 117 Court Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/28/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: 6 (Month) 25 (Day) 39 (Year)
19 I HEREBY CERTIFY, That I attended deceased from 6-2, 1937, to 6-25, 1939, I last saw him alive on 6-21, 1939, death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Haemorrhage — Date of Onset (IMPORTANT): 6/25/39
Contributory causes of importance not related to principal cause: General Arterio Sclerosis
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Mt. Pleasant [illegible] Date 6/27 1939
21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL June 28. 1939
22 NAME OF UNDERTAKER: R. Kirby
ADDRESS: Boston
Received and filed June 27, 19
June 27, 1939.
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

Dr. Harvey Kelly Pleasant St Struthers

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the ~~town~~ clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

Winthrop (City or town making return)

Registered No. 137

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 8 Pleasant St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen Hofdstad Smith
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 8 Pleasant St. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed or divorced HUSBAND of Ephraim Smith (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. May 27

7 AGE 58 Years 1 Months 4 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10 Date deceased last worked at this occupation (month and year): "
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Pittsburgh (State or country) Pa

PARENTS
13 NAME OF FATHER: unable to obtain
14 BIRTHPLACE OF FATHER (City): " " "
(State or country): " " "
15 MAIDEN NAME OF MOTHER: " " "
16 BIRTHPLACE OF MOTHER (City): " " "
(State or country): " " "

17 Informant Mary E. Edilblute (Relation, if any: Step-daughter)
(Address) 4 3? Washington St Brookline

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childes Jr. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 6/30/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 27 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 21, 1939 to June 27, 1939, I last saw h er alive on June 27, 1939, death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset
Cerebral hemorrhage | 6/21/39

Contributory causes of importance not related to principal cause:
Arterio sclerosis

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. Mahoney, M. D.
(Address) Washington ... Date 6/29 1939

21 Winthrop Tomb Winthrop
Place of ~~Burial, Cremation~~ or Removal (City or Town)
DATE OF BURIAL June 30 1939

22 NAME OF UNDERTAKER C. R. Bemmer
ADDRESS Winthrop Mass.

Received and filed ... 19
JUN 30 1939

A TRUE COPY ATTEST (Registrar)

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 138

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Chaplin Comee
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 980 Shirley St St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 54 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles Comee (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years 7 Months 29 Days. If less than 1 day ...Hours ...Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
13 NAME OF FATHER Frank. Chaplin
14 BIRTHPLACE OF FATHER (City) Liberty
(State or country) Me.
15 MAIDEN NAME OF MOTHER Minnie Ryder
16 BIRTHPLACE OF MOTHER (City)
(State or country) Mass.

17 Informant Frank Chaplin (Relation, if any: Father)
(Address) 980 Shirley St. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress
(Signature of Agent of Board of Health or other)
Ag. at. June 30/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June (Month) 28 (Day) 39 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 17, 1939, to June 28, 1939. I last saw her alive on June 28, 1939, death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Hypertension	1937
Cerebral Hemorrhage	June 23, 1939

Contributory causes of importance not related to principal cause:

Chronic myocarditis	1930

Name of operation None Date of —
What test confirmed diagnosis? Hypertension Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Samuel B. Goldberg, M. D.
(Address) 270 Shirley St Date 6/29 1939

21 Mt Auburn Cambridge Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 1, 1939

22 NAME OF UNDERTAKER Richard H. White
ADDRESS 147 Winthrop St. Winthrop Mass.

Received and filed JUL 3 1939

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915* ....
Chronic interstitial nephritis	*1921* ....
Cerebral hemorrhage	*July 5, 1927* ....
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-9-'31. No. 3385-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

Middlesex (County)

Somerville (City or Town)

No. 9 Westwood Road, St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Somerville (City or town making return)

Registered No. 477

2 FULL NAME Charles Land (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 139

(a) Residence. No. 13 Pauline St., St., Ward, Winthrop, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Male
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)	Married
5a If married, widowed, or divorced, HUSBAND of (Give maiden name of wife in full)	Laura (Wentworth)
(or) WIFE of (Husband's name in full)	
6 IF STILLBORN, enter that fact here.	
7 AGE	64 Years ... Months ... Days; If less than 1 day ... Hours ... Minutes
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Clothing
10 Date deceased last worked at this occupation (month and year)	June 6, 1939.
11 Total time (years) spent in this occupation	20
12 BIRTHPLACE (City)	Boston,
(State or country)	Mass.
PARENTS 13 NAME OF FATHER	Abraham M. Land
14 BIRTHPLACE OF FATHER (City)	
(State or country)	Poland
15 MAIDEN NAME OF MOTHER	Bertha Wilshinsky
16 BIRTHPLACE OF MOTHER (City)	
(State or country)	Poland
17 Informant	Laura Land (Wife
(Address)	13 Pauline St., Winthrop, Mass.

A TRUE COPY.

ATTEST: [signature] (Registrar of city or town where death occurred)

DATE FILED June 13, 1939. 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 12, 1939. (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 10, 1939, 19 ..., to June 12, 1939 19 ..., I last saw him alive on June 10, 1939 19 ..., death is said to have occurred on the date stated above, at 11.15 m. PM

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

Intestinal Cancer

Contributory causes of importance not related to principal cause:

Name of operation Colostomy Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George F. Hughes, M. D.

(Address) Somerville, Mass. Date 6/13 19 39

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mishkan Tifila, Wakefield Mass. (Cemetery) (City or town)

DATE OF BURIAL June 13, 1939 19

22 NAME OF UNDERTAKER Israel Einstein

ADDRESS Roxbury, Mass.

Received and filed June 13, 1939. 19

(Registrar of City or Town where deceased resided)

RECEIVED
JUL 12 1939 AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m.11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 5743

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Jewish Memorial Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eva Goldberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 140

(a) Residence. No. 250 Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Harry Goldberg (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10 Date deceased last worked at this occupation (month and year) —
11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) (State or country) Russia

PARENTS
13 NAME OF FATHER Abraham Chafkey
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER ————
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Philip (Address) Relation, if any son

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jun 21/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 6/1/39, 19 to 6/21/39, 19
I last saw her alive on 6/20/39, 19, death is said to have occurred on the date stated above, at 2.30a m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
diabetes mellitus	1937
gen.art.sclerosis-abscess left leg	12/38
abscess left gluteal region	6/39

Contributory causes of importance not related to principal cause:

Cause	Date of onset
osteomyelitis of rt.humorus	12/38

Name of operation leg amputation Date of 5/20/39
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D Ayman, M. D.
(Address) 371 Comm.Ave Date 6/21/39

21 Roxbury Lodge
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 6/21/39

22 NAME OF UNDERTAKER
ADDRESS M Stanetsky
Boston

Received and filed 6/23/39
(Registrar of City or Town where deceased resided)

OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUL 26 1939 AM

FORM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)

Registered No. 5876

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)
No. Boston City Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ernest Silberberg
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 54 Johnson Av St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Lucy Fearing (Give maiden name of wife)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 3 Months 4 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. broker
10 Date deceased last worked at this occupation (month and year) 6/39
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City)
(State or country) England

PARENTS
13 NAME OF FATHER Arthur Silberberg
14 BIRTHPLACE OF FATHER (City)
(State or country) Germany
15 MAIDEN NAME OF MOTHER ---
16 BIRTHPLACE OF MOTHER (City)
(State or country)

17 Informant (Address) --- Alfred Fearing ok Relation, if any (son)
son's name changed by order of court

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)
DATE FILED 6/28/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH June 24 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

cerebral hemorrhage
admitted in coma-died in four hours
treated for hypertension

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Date of Injury 19
Where did injury occur? --
(City or town and State)
Manner of Injury collapsed in ferry station
Nature of Injury
Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T Leary, M. D.
(Address) Boston Date 6/25 19 39

22 Place of Burial, Cremation or Removal. Winthrop (City or Town) Winthrop
DATE OF BURIAL 6/27/39 19

23 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

25m. 11-'36. No. 9080-h

MARGIN RESERVED FOR BINDING

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JUL 26 1939 AM

M R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 12

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 20 Madison St. Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah McNaughton (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 525 Pleasant St. Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 10 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Frederick J McNaughton (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) July 1939
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) E Boston (State or country) Mass

PARENTS
13 NAME OF FATHER Edward Cummings
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Catherine Brown
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mr Frederick McNaughton (husband)
(Address) 525 Pleasant st Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childs M.D. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 2 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Acute Cardiac Failure
Hypertensive Heart Disease
collapsed & died quickly

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED?

(Signed) Wm. F. Brickley, M. D.
(Address) Boston Date July 2 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL July 4 1939

22 NAME OF UNDERTAKER R. C. Kirby
ADDRESS 17 Bennington st E Boston

Received and filed 19
JUL 7 1939 (Registrar)

5m-12-'34. No. 2938-g

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have heen due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

....

....

....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 143

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 46 Court Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Christina (Vasquez) Hatfield
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 46 Court Road St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 28 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Frank Knight Hatfield (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) 35
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Joseph Vasquez
14 BIRTHPLACE OF FATHER (City)
(State or country) Cuba
15 MAIDEN NAME OF MOTHER Mary Elizabeth Lang
16 BIRTHPLACE OF MOTHER (City)
(State or country) Scotland

17 Informant Frank K. Hatfield (Relation, if any: husband)
(Address) 46 Court Road Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress D.
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
7/5/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 3 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June 28, 1939, to July 3, 1939.
I last saw her alive on July 3, 1939, death is said to have occurred on the date stated above, at 1[15] A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Chronic Myocarditis	1935

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Chronic Nephritis	1935

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St. Date July 3 1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 5, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JUL 7 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-36. No. 9080-F

is per Helen L. Cronin Daughter (correction on age)

Somerville Leahy 7/9/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 144

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 11 Undine Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah L. Cronin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 103 Beacon St Somerville Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: July (Month) 6 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of John J. Cronin (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to July 6, 1939. I last saw her alive on July 6, 1934, death is said to have occurred on the date stated above, at 3 p.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Arteriosclerotic [illegible] · Arteriosclerotic heart disease · Date of Onset IMPORTANT: ?
7 AGE ~~69~~ 66 yrs Years Months Days · If less than 1 day Hours Minutes	Contributory causes of importance not related to principal cause:
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife	Name of operation Date of
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	What test confirmed diagnosis? Was there an autopsy?
10 Date deceased last worked at this occupation (month and year) · 11 Total time (years) spent in this occupation	20 Was disease or injury in any way related to occupation of deceased? If so, specify
12 BIRTHPLACE (City) Lancashire (State or country) England	(Signed) E. J. O'Rourke, M. D. (Address) 2280 [illegible] Date 7/6 1939
PARENTS 13 NAME OF FATHER William Green	21 Holy Cross Malden · Place of Burial, Cremation or Removal (City or Town)
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland	DATE OF BURIAL July 8 1939
15 MAIDEN NAME OF MOTHER Mary Thompson	22 NAME OF UNDERTAKER Joseph J. Manning
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland	ADDRESS 10 W [illegible] Ave Som
17 Informant (Address) Mr. J. J. Cronin · Relation if any (Husband)	Received and filed JUL 12 1939 19
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) · Health Officer (Official Designation) · 7/7/39 (Date of Issue of Permit)	(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 145

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 6 Jefferson St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Adriana Lawrence (Baker) Alexander
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 6 Jefferson St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 13 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Female
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)	Widowed
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	George E. Alexander
6 IF STILLBORN, enter that fact here.	
7 AGE	83 Years 5 Months 23 Days; If less than 1 day ... Hours ... Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Own home
10 Date deceased last worked at this occupation (month and year)	July 1939
11 Total time (years) spent in this occupation	60
12 BIRTHPLACE (City)	Pembroke
(State or country)	Massachusetts
13 NAME OF FATHER	Henry Baker
14 BIRTHPLACE OF FATHER (City)	Duxbury
(State or country)	Massachusetts
15 MAIDEN NAME OF MOTHER	Maria Drake
16 BIRTHPLACE OF MOTHER (City)	Pembroke
(State or country)	Massachusetts
17 Informant	Hattie M. Baker (Relation, if any: sister)
(Address)	6 Jefferson St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/8/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 7 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10 1936 to July 7, 1939
I last saw her alive on July 7, 1939, death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	July 1939
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	1938
Senility	1939

Name of operation none Date of —
What test confirmed diagnosis? clinical + laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D.
(Address) 562 Shirley St. Winthrop Mass Date July 7/39

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 9, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JUL 1 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Event ratified 8/9/39

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. ~~46 Autumn~~ 104 Tafts Ave St., Ward

(City or town making return)
Registered No. 146

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ellen L Carr.
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 46 Autumn St. Everett St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. | 4 COLOR OR RACE W. | 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John H. Carr (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Wakefield
(State or country) Mass

PARENTS
13 NAME OF FATHER James Foley
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Manning
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Sarah H. Harwood (Relation, if any: Daughter)
(Address) 46 Autumn St Everett

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress Jr. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/10/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 30, 1938, to July 8, 1939
I last saw her alive on July 8, 1939, death is said to have occurred on the date stated above, at 11.30 A.m.
The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset
Cerebral Hemorrhage | July 3 1939
Cerebral

Contributory causes of importance not related to principal cause:
Hypertension | July 1938
Diabetes Mellitus | 1938

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John F. Williams, M.D.
(Address) 546 Broadway Everett Date July 9 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 11, 1939

22 NAME OF UNDERTAKER A. Francis Hill
ADDRESS 14 Hancock St Everett

Received and filed JUL 1939 19
(Registrar)

A TRUE COPY ATTEST

Write plainly, with UNFADING INK. This is a PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 147

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 38 Locust St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Payson Floyd
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 38 Locust St. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male — 4 COLOR OR RACE: White — 5 SINGLE / MARRIED / WIDOWED / or DIVORCED (write the word): Widower	18 DATE OF DEATH: July (Month) 12 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Eda Richardson (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from June 10, 1939, to July 12, 1939, I last saw him alive on July 11, 1939, death is said to have occurred on the date stated above, at 1 A. m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Chronic myocarditis — Date of Onset IMPORTANT: Mar 24 1939
7 AGE 74 Years 1 Months 0 Days — If less than 1 day ... Hours ... Minutes	
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Custom designer	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Taylor	
10 Date deceased last worked at this occupation (month and year) — 11 Total time (years) spent in this occupation 55	Contributory causes of importance not related to principal cause: Chronic Bronchitis — Mar 1919
12 BIRTHPLACE (City) Winthrop (State or country) Mass	
PARENTS: 13 NAME OF FATHER Philip P. Floyd	Name of operation none — Date of — What test confirmed diagnosis? Observation — Was there an autopsy? No
14 BIRTHPLACE OF FATHER (City) Winthrop (State or country) Mass	20 Was disease or injury in any way related to occupation of deceased? No. If so, specify
15 MAIDEN NAME OF MOTHER Abbie Allen	(Signed) Raymond B. Parker, M. D. (Address) Winthrop Mass Date July 12 1939
16 BIRTHPLACE OF MOTHER (City) Medford (State or country) Mass	21 Winthrop Cemetery Winthrop Mass — Place of Burial, Cremation or Removal. (City or Town) — DATE OF BURIAL July 14 1939
17 Informant Myrtle F. Floyd — Relation, if any (Daughter) — (Address) 38 Locust St.	22 NAME OF UNDERTAKER J. S. Waterman & Sons Inc — ADDRESS Boston Mass F.B.A.
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) — Health Officer (Official Designation) — 7/13/39 (Date of Issue of Permit)	Received and filed JUL 20 1939 19 — (Registrar)

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 143

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine J. (McQuade) Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 24 Dolphin Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John T. Sullivan (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) 1939.
11 Total time (years) spent in this occupation 67

12 BIRTHPLACE (City) Hartford
(State or country) Conneticut

PARENTS
13 NAME OF FATHER Henry McQuade
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary McKenna
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Mrs. Joseph Bradley (Daughter) Relation, if any
(Address) 24 Dolphin Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress
(Signature of Agent of Board of Health or other)
Health Officer 7/13/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 12 (Day) 1939 (Year)

19 I HEREBY CERTIFY That I attended deceased from July 8, 1939 to July 12, 1939
I last saw h er alive on July 11, 1939, death is said to have occurred on the date stated above, at 1.25 A m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT
Lobar pneumonia 7/8

Contributory causes of importance not related to principal cause:
mitral regurgitation myocarditis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [signature], M. D.
(Address) Winthrop, Ma Date 7/12 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 14, 1939. 19

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop, Massachusetts

Received and filed JUL 20 1939 19
(Registrar)

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. Age should be stated EXACTLY. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 149

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town) or
No. 267 Bowdian st. Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harold C. Bartlett
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 267 Bowdian st St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed or divorced HUSBAND of Edith E Ames (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 78 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) July 1, 1939
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Skowhegan
(State or country) Maine

PARENTS
13 NAME OF FATHER Ozias E Bartlett
14 BIRTHPLACE OF FATHER (City) Skowhegan
(State or country) Maine
15 MAIDEN NAME OF MOTHER Caroline A Whyman
16 BIRTHPLACE OF MOTHER (City) Skowhegan
(State or country) Maine

17 Informant Edith E Ames Bartlett (Wife)
(Address) 267 Bowdian ST Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress M. D.
(Signature of Agent of Board of Health or other)
Health Officer 7/14/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 12 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 4, 1939, to July 12, 1939
I last saw him alive on July 11, 1939, death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Chronic myocarditis	May 4 1939
Coronary thrombosis	June 30 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date July 13 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL July 14, 1939

22 NAME OF UNDERTAKER R. H. Whitten R. H.
ADDRESS 147 Winthrop St Winthrop Mass

Received and filed JUL 20 1939
(Registrar)

75m-2-'30. No. 7997-a

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the **second cause given.**

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 150

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 108-A Quincy Ave., St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clifford Telford
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 108-A Quincy Ave., Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 25 years months days. How long in U.S., if of foreign birth? 35 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of May Klagge ~~Telford~~
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contract
10 Date deceased last worked at this occupation (month and year) 1936
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) (State or country) England

PARENTS
13 NAME OF FATHER William Telford
14 BIRTHPLACE OF FATHER (City) (State or country) England
15 MAIDEN NAME OF MOTHER not known
16 BIRTHPLACE OF MOTHER (City) (State or country) not known

17 Informant Mrs. May Klagge Telford (Relation, if any Wife)
(Address) 108-A Quincy Ave., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Childress [illegible]
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
7/21/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 19 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to July 18, 1939; I last saw him alive on July 18, 1939, death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of Pancreas

Date of Onset — IMPORTANT

Contributory causes of importance not related to principal cause:

Name of operation Exploratory Date of June 15, 1939
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) E. C. Brown, M. D.
(Address) 20 Crescent Ave. Date 7/20 1939

21 Woodlawn Everett, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 21, 1939

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed JUL 26 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915* ....
Chronic interstitial nephritis	*1921* ....
Cerebral hemorrhage	*July 5, 1927* ....
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . —GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . —CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead.

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

BOSTON NOTIFIED 8/9/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 151

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine Ryan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 56 St Andrew Road St., Ward, East Boston
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months 21 days. How long in U.S., if of foreign birth? 40 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Thomas Ryan (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) July 1939
11 Total time (years) spent in this occupation 39

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER Bernard Leddy
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Ellen Smith
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Thomas Ryan Relation, if any (Son)
(Address) 56 St Andrew Rd E Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress
(Signature of Agent of Board of Health or other)
H.O. — July 22/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 20 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 1 1939, to July 20 1939
I last saw her alive on July 20, 1939, death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Hypostatic Pneumonia and Chronic Heart disease	7/10/39
Contributory causes of importance not related to principal cause: Carcinoma of breast with metastases metastasis	7/1/36

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) George H. Schwartz, M. D.
(Address) 19 Princeton St E B Date 7/21 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 24 1939

22 NAME OF UNDERTAKER R.C. Kirby
ADDRESS 17 Bennington St E Boston

Received and filed JUL 26 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Brookline Mailer 8/9/39

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 152

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME MATHEW T. M. KERNER
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 18 Fuller St., Ward Brookline, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 41 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: PHARMACIST
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: DRUG STORE
10 Date deceased last worked at this occupation (month and year): July 1939
11 Total time (years) spent in this occupation: 20

12 BIRTHPLACE (City) Somerville, (State or country) Mass.

PARENTS
13 NAME OF FATHER: Louis Kerner
14 BIRTHPLACE OF FATHER (City) (State or country): Austria
15 MAIDEN NAME OF MOTHER: Dora A. Shapiro
16 BIRTHPLACE OF MOTHER (City) (State or country): Austria

17 Informant Mrs. B. F. Mann (Relation, if any: sister)
(Address) 18 Fuller St., Brookline.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 7/24/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 24 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 11, 1939, to July 24, 1939, I last saw him alive on July 24, 1939, death is said to have occurred on the date stated above, at 2.45 A.m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Ruptured gall bladder — Jy 11-39
cholelithiasis
Pancreatitis.
(cholecystitis)

Contributory causes of importance not related to principal cause:
Peritonitis due to gastric juices. — Jy 11-39

Name of operation Gall bladder drainage — Date of Jy 11-39
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank F. Sandler, M. D.
(Address) Revere Mass. Date Jy 24 1939

21 Kenesseth Israel, Montvale Woburn Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 25, 1939

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 Harvard St., Brookline.

Received and filed JUL 26 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 453

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 63 Harbor View Avenue St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Ann (Connelly) Stevens
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 63 Harbor View Avenue St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 11 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Henry Stevens (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years 6 Months 16 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) June 1939. 11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Bangor
(State or country) Maine

PARENTS
13 NAME OF FATHER Patrick Connelly
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Ann O'Brien
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Lucy J. Connelly (Relation, if any: sister)
(Address) 14 Gridley St Bangor Me.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (?)
(Signature of Agent of Board of Health or other)
Health Officer 7/26/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 24 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1926, to July 24, 1939, I last saw her alive on July 24, 1939, death is said to have occurred on the date stated above, at 5 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset (IMPORTANT)
Acute Coronary Thrombosis	July 24/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Congestive heart failure	May 1939
Arteriosclerosis	1938
Senility	1939

Name of operation none Date of
What test confirmed diagnosis? Clinical x laboratory. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob F. Abrams (?), M. D.
(Address) 562 Shirley St. Winthrop Mass. Date July 25 1939

21 Mt. Auburn, Cambridge
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL July 27 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed JUL 26 1939

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 454

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 62 Floyd St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Georgia Anna (Crist) Jarvis
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 62 Floyd St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 39 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Cameron DeWitt Jarvis (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 1 Months 28 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) June 1939
11 Total time (years) spent in this occupation 48

12 BIRTHPLACE (City) Montgomery
(State or country) New York

PARENTS
13 NAME OF FATHER George Crist
14 BIRTHPLACE OF FATHER (City)
(State or country) New York
15 MAIDEN NAME OF MOTHER (?) Hinkley
16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

17 Informant (Address) Cameron DeWitt Jarvis — Relation, if any: husband
62 Floyd St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Childress
(Signature of Agent of Board of Health or other)
Health Officer — 7/29/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July (Month) 28 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to July 28, 1939. I last saw her alive on July 28, 1939, death is said to have occurred on the date stated above, at 2:40 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Coronary infarct	June 19 1939
Acute myocarditis	July 3 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. B. Parker, M. D.
(Address) Winthrop Mass Date July 29 1939

21 Puritan Lawn Peabody
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 30 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed AUG 1939 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

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RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Peter Bent Brigham Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)

Registered No. 6234

2 FULL NAME Joseph F Hickey
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) 155

(a) Residence. No. 382 Revere St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Annie T Kelly
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years ... Months ... Days — If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. traffic mgr

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. brewery

10 Date deceased last worked at this occupation (month and year) 7/39

11 Total time (years) spent in this occupation -

12 BIRTHPLACE (City)
(State or country) Boston

PARENTS

13 NAME OF FATHER Charles Hickey

14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland

15 MAIDEN NAME OF MOTHER Margaret Hickey ok

16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant (Address) wife — Relation, if any ( )

A TRUE COPY.
ATTEST: James A. O'Burke
(Registrar of city or town where death occurred)

DATE FILED 7/11/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 8 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/6/39, 19 to 7/8/39, 19
I last saw him alive on 7/8/39, 19, death is said to have occurred on the date stated above, at 4 am.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
cerebral arteriosclerosis	
with hypertension	---
cerebral hemorrhage	6 das

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W B Osgood, M. D.
(Address) P Bent Brigham H. Date 7/8 19 39

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 7/10/39 19

22 NAME OF UNDERTAKER J F O'Maley
ADDRESS Winthrop

Received and filed ... 19

(Registrar of City or Town where deceased resided)

AUG 14 [illegible] AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Montague (City or town making return)

Registered No. [illegible]

1 PLACE OF DEATH
Franklin (County)
Montague (City or Town)
No. Farren Memorial Hospital St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edmund A. Spence
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ......

(a) Residence. No 25 Tewksburg St., ... Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ...... yrs. ...... mos. 1 days. How long in U. S., if of foreign birth? ...... yrs. ...... mos. ...... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Mary E. Hahn
(Give maiden name of wife in full)
(or) WIFE of ......
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 34 Years 10 Months 22 Days. If less than 1 day ...... Hours ...... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Boston Elevated
10 Date deceased last worked at this occupation (month and year): July 7 1939
11 Total time (years) spent in this occupation ......

12 BIRTHPLACE (City): Boston
(State or country): Massachusetts

PARENTS
13 NAME OF FATHER: Edmund A. Spence
14 BIRTHPLACE OF FATHER (City): Cannot Be Learned
(State or country): New Jersey
15 MAIDEN NAME OF MOTHER: Margaret A. MacKeon
16 BIRTHPLACE OF MOTHER (City): Cannot Be Learned
(State or country): Scotland

17 Informant (Address): Mary E. Hahn, Winthrop, Mass.
Relation, if any: (Wife)

A TRUE COPY.
ATTEST: Lawrence N. Killelea
(Registrar of city or town where death occurred)

DATE FILED July 11 19 39

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 10 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 8 19 39, to July 10, 19 39
I last saw him alive on July 10, 19 39, death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Chronic Myocarditis	?
Chronic Valvular Disease	?
Chronic Nephritis	?

Contributory causes of importance not related to principal cause: ......

Name of operation None Date of ......
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ......
(Signed) K. W. B. Jacobus M. D.
(Address) Turners Falls, Mass. Date 7/10 19 39

21 Winthrop Cemetery, Winthrop, Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL July 13 19 39

22 NAME OF UNDERTAKER C. Eugene McCarthy
ADDRESS Greenfield, Mass.

Received and filed ...... 19......

(Registrar of City or Town where deceased resided)

RECEIVED
WINTHROP, MASS.
AUG-8 1933 AM

R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Danvers (City or town making return)
Registered No.

2 FULL NAME Bessie Wingersky
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 206 Washington Ave. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 2 yrs. 6 mos. 4 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham Wingersky
(Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Dutch Guinea
(State or country) So. America

PARENTS
13 NAME OF FATHER Alfred Sarqui
14 BIRTHPLACE OF FATHER (City) Dutch Guinea
(State or country) So. America
15 MAIDEN NAME OF MOTHER Rachael Mesquito
16 BIRTHPLACE OF MOTHER (City) Dutch Guinea,
(State or country) So. America

17 Informant M. K. McPhillips
(Address) DSH
Relation, if any ( )

A TRUE COPY.
ATTEST: A. Preston Chase
(Registrar of city or town where death occurred)

DATE FILED 7/17/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH July 10, 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 6, 19 37 to July 10, 19 39
I last saw her alive on July 10, 19 39, death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Cholelithiasis	5 yrs.
Chr. Cholecystitis	5 yrs.
Perforation of gall bladder	1 day
Chr. myocarditis	10 yrs.

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Melvin Goodman, M. D.
(Address) DSH Date 7/14/39 19

21 Harmony Grove Salem
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 7/13/39 19

22 NAME OF UNDERTAKER W. H. Crosby
ADDRESS Danvers

Received and filed 19

(Registrar of City or Town where deceased resided)

AUG 14 [illegible] AM

R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH SUFFOLK (County)
BOSTON (City or Town)
No. Mass General Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)
Registered No. 6326

2 FULL NAME Hector Brugnani
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 153

(a) Residence. No. 105 Cottage Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Eugenia Faure
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10 Date deceased last worked at this occupation (month and year) 1935
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City)
(State or country) Italy

PARENTS
13 NAME OF FATHER Giovanni Brugnani
14 BIRTHPLACE OF FATHER (City)
(State or country) Italy
15 MAIDEN NAME OF MOTHER Rosa ---
16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant (Address) Relation, if any (wife)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jul 11/ 39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/5/39, 19 , to 7/11/39, 19
I last saw him alive on 7/11/39, 19 , death is said to have occurred on the date stated above, at 1:35a m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

br pneumonia rt base | 4dys

Contributory causes of importance not related to principal cause:
art.sclerosis-coronary & acute | -

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G F Houser, M. D.
(Address) Mass Gen Hosp Date 7/11/39 19

21 Place of Burial, Cremation or Removal Winthrop-Winthrop (City or Town)
DATE OF BURIAL 7/13/39 19

22 NAME OF UNDERTAKER J. Cincotti & Sons
ADDRESS Boston

Received and filed 7/14/39 19

(Registrar of City or Town where deceased resided)

1 7 6 5
WINTHROP, MASS.
AUG 14 1933 AM

R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 6465

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. The Childrens Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Frances Meltzer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 80 Sagamore Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 1 Years - Months 15 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Boston

PARENTS
13 NAME OF FATHER Jacob Meltzer
14 BIRTHPLACE OF FATHER (City) (State or country) New York NY
15 MAIDEN NAME OF MOTHER Shirley Litchman
16 BIRTHPLACE OF MOTHER (City) (State or country) New York NY

17 Informant (Address) Relation, if any (Father)

A TRUE COPY.
ATTEST: James P. Rand
(Registrar of city or town where death occurred)

DATE FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Jul 17/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 6/6/39, 19..., to 7/17/39, 19...
I last saw her alive on 7/17/39, 19..., death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

cong.hemolytic anemia-hepato megaly -entericglandular hyper- trophy-cardiac hypertrophy

Contributory causes of importance not related to principal cause:

Name of operation splenectomy Date of
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) D Rizer, M. D.
(Address) 300 Longwood Ave Date 7/17/39 19

21 David Vicur Cholim
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 7 /17/39 19

22 NAME OF UNDERTAKER B F Solomon
ADDRESS Brookline

Received and filed 7/19/39 19

(Registrar of City or Town where deceased resided)

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WINTHROP, MASS.
AUG 14 1933 AM

R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Beth Israel Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)
Registered No. 6479

2 FULL NAME Matilda Rudginsky (Tillie)
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 160

(a) Residence. No. 29 Ocean Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: F 4 COLOR OR RACE: W 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH Jul 18/39 (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Harry Rudginsky (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from 7/1/39, 19 , to 7/18/39, 19 I last saw her alive on 7/18/39, 19 , death is said to have occurred on the date stated above, at 1.05a m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset) metastatic cancer of brain — ?
7 AGE 52 Years Months Days; If less than 1 day Hours Minutes	
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 10 Date deceased last worked at this occupation (month and year) -- 11 Total time (years) spent in this occupation --	Contributory causes of importance not related to principal cause: cancer of left breast — ?
12 BIRTHPLACE (City) (State or country) Russia	Name of operation craniotomy Date of 6/22/39 What test confirmed diagnosis? Was there an autopsy?
PARENTS 13 NAME OF FATHER David Vigorda 14 BIRTHPLACE OF FATHER (City) (State or country) Russia 15 MAIDEN NAME OF MOTHER ------ 16 BIRTHPLACE OF MOTHER (City) (State or country) Russia	20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) A L Segel, M. D. (Address) 330 Brookline Av Date 7/18/39 19
17 Informant (Address) Relation, if any (Husband)	21 Winthrop-Everett Place of Burial, Cremation or Removal. (City or Town) DATE OF BURIAL 7/18/39 19
A TRUE COPY. ATTEST: James A. Burke (Registrar of city or town where death occurred) DATE FILED 19	22 NAME OF UNDERTAKER M Stanetsky ADDRESS Boston Received and filed 7/20/39 19 (Registrar of City or Town where deceased resided)

RECEIVED
WINTHROP, MASS.
AUG 14 [illegible] AM

R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH Suffolk (County) Chelsea (City or Town) No. Soldiers' Home St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Chelsea (City or town making return)

Registered No. 519

2 FULL NAME Frank E. Walton (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U.S. War Veteran, specify WAR) World War

(a) Residence. No. 57 Marshall St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U.S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Ruby Berry (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years 10 Months 16 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photo Engraver

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year)

11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Revere, (State or country) Mass.

PARENTS

13 NAME OF FATHER Wm. A. Walton

14 BIRTHPLACE OF FATHER (City) (State or country) Nova Scotia

15 MAIDEN NAME OF MOTHER Amy Fredericks

16 BIRTHPLACE OF MOTHER (City) (State or country) Nova Scotia

17 Informant Hospital Records Relation, if any ( )
(Address)

A TRUE COPY.

ATTEST:
(Registrar of city or town where death occurred)

DATE FILED Sept. 5, 1939 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 24, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1938 to Aug. 24, 1939

I last saw him alive on Aug. 24, 1939, death is said to have occurred on the date stated above, at 7.10 p.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Cerebral accident	?
Hypertension	?
Hypertensive heart disease	?
Chronic nephritis	?

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Lewis Glazer, M. D.

(Address) Soldiers' Home Date Aug. 24 1939

21 Winthrop Cemetery, Winthrop
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Aug. 26, 1939

22 NAME OF UNDERTAKER R.H. White

ADDRESS 147 Winthrop St. Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
SEP - 9 1939 AM

R-301A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1?2

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Sta Hosp Ft Banks, Mass. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JOSEPH R. BOILY (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR) WW

(a) Residence. No. 53 Ash St St., Ward, Manchester, NH (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): ~~Single~~ married

5a If married, widowed, or divorced HUSBAND of Rose Fussier (Give maiden name of wife in full)
(or) WIFE of Fussier (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 39 Years 3 Months 1 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC
10 Date deceased last worked at this occupation (month and year) July 29, 1939
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Manchester N.H. (State or country) ~~Hillsborough Cy~~

PARENTS
13 NAME OF FATHER ~~[illegible]~~ Dedine Boily
14 BIRTHPLACE OF FATHER (City) (State or country) Canada
15 MAIDEN NAME OF MOTHER Rebecca Houle
16 BIRTHPLACE OF MOTHER (City) (State or country) Canada

17 Informant Resgitrar, Sta Hosp Ft Banks, Mass. (Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress [illegible] (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/2/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 1, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 31, 1939, to August 1, 1939
I last saw him alive on Aug 1, 1939, death is said to have occurred on the date stated above, at 12:50PM
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset (IMPORTANT)
Peritonitis, acute, general, severe	
AH	Unknown

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Ulcer, perforated, ileum.	Unknown
Para lytic ileus.	Unknown

Name of operation None Date of - -
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify - - - -
(Signed) A O Haff M. D.
(Address) A. O. HAFF, Capt MC US Army, Fort Banks, Mass. Date 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary (Cemetery) - Manchester N.H. (City or town)
DATE OF BURIAL Aug. 4 19 39

22 NAME OF UNDERTAKER C R Bennes
ADDRESS Winthrop Mass

Received and filed 19
AUG 2 1939 (Registrar)

100m-12-'34. No. 2938-f

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related **causes** of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

N.B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 183

Everett Newspaper 9/13/39

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 69 Pebble Ave., Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles J. Stathos Alias Charles J. Stathopoulos (If deceased is a married, widowed or divorced woman, give also maiden name.) War Veteran specify WAR)

(a) Residence. No. 11 Ellsworth St., St., Ward, Everett (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ... years ... months ... days. How long in U.S., if of foreign birth? ... years ... months ... days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male	18 DATE OF DEATH: Aug (Month) 1 (Day) 1939 (Year)
4 COLOR OR RACE: white	19 I HEREBY CERTIFY, That I attended deceased from June 5, 1939, to Aug 1, 1939. I last saw him alive on Aug 1, 1939, death is said to have occurred on the date stated above, at 1 P.m.
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single	The principal cause of death and related causes of importance in order of onset were as follows: Carcinoma of Liver — Date of Onset (IMPORTANT): Mar 1939
5a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full) (or) WIFE of ... (Husband's name in full)	Contributory causes of importance not related to principal cause:
6 IF STILLBORN, enter that fact here.	Name of operation: none. Date of —
7 AGE: 51 Years ... Months ... Days. If less than 1 day ... Hours ... Minutes	What test confirmed diagnosis? clinical. Was there an autopsy? no
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Liquor Store	(Signed) Harris Bass, M. D.
10 Date deceased last worked at this occupation (month and year): June 1939. 11 Total time (years) spent in this occupation: 5 yrs	(Address) Everett Mass. Date 8/1 1939
12 BIRTHPLACE (City) ... (State or country): Greece	21 Forest Dale, Malden. Place of Burial, Cremation or Removal (City or Town)
PARENTS 13 NAME OF FATHER: John Stathopoulos	DATE OF BURIAL: August 3, 1939
14 BIRTHPLACE OF FATHER (City) ... (State or country): Greece	22 NAME OF UNDERTAKER: Arthur C. Harris
15 MAIDEN NAME OF MOTHER: Unknown	ADDRESS: 1654 Washington St, Boston
16 BIRTHPLACE OF MOTHER (City) ... (State or country): Greece	Received and filed AUG 4 1939 19...
17 Informant: Aristides Stathopoulos. Relation, if any: cousin. (Address): 21 Fremont St, Malden	(Registrar)
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/2/39 (Date of Issue of Permit)	

100m 11 36. No. 9080 F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37 No. 1859-i.

1 PLACE OF DEATH Suffolk (County) Winthrop (City or Town) No. 180 Somerset Avenue St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 364

2 FULL NAME Addie Mabel (Stonehouse) Bucknam (If deceased is a married, widowed or divorced woman, give also maiden name.) { (If U. S. War Veteran specify WAR)

(a) Residence. No. 180 Somerset Avenue St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 17 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Female — 4 COLOR OR RACE White — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married	18 DATE OF DEATH August (Month) 3 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of Oscar O. Bucknam (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from June 12, 1939, to Aug. 3, 1939 I last saw her alive on Aug. 3, 1937, death is said to have occurred on the date stated above, at 7:15 a.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows:
7 AGE 65 Years 6 Months 21 Days — If less than 1 day ... Hours ... Minutes	Date of Onset IMPORTANT
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work	Cerebral Hemorrhiadge — June 5, 1939
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home	Arterio-Sclerosis — 1935
10 Date deceased last worked at this occupation (month and year) June 1939 — 11 Total time (years) spent in this occupation 40	Hypostatic pneumonia — July 31-39
12 BIRTHPLACE (City) Boston (State or country) Massachusetts	Contributory causes of importance not related to principal cause:
PARENTS 13 NAME OF FATHER Cuthbert Stonehouse	
14 BIRTHPLACE OF FATHER (City) (State or country) England	Name of operation none Date of ... What test confirmed diagnosis? Clinical Was there an autopsy? no
15 MAIDEN NAME OF MOTHER Sarah Conohan	20 Was disease or injury in any way related to occupation of deceased? no If so, specify (Signed) Gordie W. Dickinson, M. D.
16 BIRTHPLACE OF MOTHER (City) (State or country) New Brunswick	(Address) Winthrop, Mass. Date 8-4 1939.
17 Informant Oscar N. Bucknam (Relation, if any husband) (Address) 180 Somerset Ave	21 Woodlawn Cemetery Everett Mass Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL August 5, 1939 19
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Agent (Official Designation) Aug 4/39 (Date of Issue of Permit)	22 NAME OF FUNERAL DIRECTOR Charles R. Bennison ADDRESS Winthrop Mass
	Received and filed AUG 5 1939 19 ... (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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Example

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Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

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RULES OF PRACTICE

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 165

1 PLACE OF DEATH
Winthrop (County)
Suffolk (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie E. (Sheerin) Butler
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 440 Winthrop St St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Raymond W. Butler (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 50 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Aug. 1939
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Patrick Sheerin
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Susan Sheehy
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant R. W. Butler Relation, if any (Husband)
(Address) 440 Winthrop St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/5/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 4, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 1, 1939, to August 4, 1939,
I last saw her alive on August 4, 1939, death is said to have occurred on the date stated above, at 11:30 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Internal Hemorrhage (~~probably~~ (from Stomach or duodenum)	8/1/39
Contributory causes of importance not related to principal cause:	
Hypertension	years

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop, Mass Date 8/4 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug. 7 1939 19

22 NAME OF UNDERTAKER John F. O'Malley
ADDRESS Winthrop

Received and filed AUG 7 1939 19
A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 136

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 91 Sargent St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles A. Evans
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 91 Sargent St. Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 27 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married
5a If married, widowed or divorced HUSBAND of Mary Walls (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 74 Years — Months 16 Days If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Traveling
10 Date deceased last worked at this occupation (month and year) 1934
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Newburyport
(State or country) Mass.

PARENTS
13 NAME OF FATHER Abbott Evans
14 BIRTHPLACE OF FATHER (City) Newburyport
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Mary Lane
16 BIRTHPLACE OF MOTHER (City) not known
(State or country)

17 Informant Addie T. Addinson (Relation, if any: Daughter)
(Address) 91 Sargent St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/8/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 6, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 15, 1938, to August 6, 1939
I last saw him alive on August 6, 1939, death is said to have occurred on the date stated above, at 3 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Coronary thrombosis — Date of Onset (IMPORTANT): Sept 15 1938

Contributory causes of importance not related to principal cause:
Arterio-sclerosis

Name of operation none Date of
What test confirmed diagnosis? Clinical Signs Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Daniel J. O'Brien M.D., M. D.
(Address) 70 Walden Ave Winthrop Mass Date Aug 7, 1939

21 Groveland Groveland, Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug. 8, 1939
22 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed AUG 8 1939
(Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

301A

BOSTON NOTIFIED 9/13/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 137

1 PLACE OF DEATH
Suffolk (County)
Winthrop Mass. (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Baby Salamone
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 335 Maverick St., 1 Ward, E. B.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) —

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE ....Years ....Months ....Days — If less than 1 day ....Hours ....Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Winthrop Mass

PARENTS
13 NAME OF FATHER James Salamone
14 BIRTHPLACE OF FATHER (City) (State or country) Boston, Mass
15 MAIDEN NAME OF MOTHER Evelyn Bonac
16 BIRTHPLACE OF MOTHER (City) (State or country) Malden Mass

17 Informant James Salamone Relation, if any (father)
(Address) 335 Maverick St. E. B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. Di Cilda[?] B. of H. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/11/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug. 7, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1939, to Aug. 7, 1939
I last saw h... alive on ...., 19...., death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT

Stillborn

Contributory causes of importance not related to principal cause:

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) Pasquale Cotugno[?], M. D.
(Address) 234 Maverick St. E.B. Date 8/9/1939

21 St. Michael's Boston Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 12, 1939

22 NAME OF FUNERAL DIRECTOR Alma[?] Di Pietro[?]
ADDRESS 204 Maverick St. E. B.

Received and filed ....19.....
(Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859:i.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods shoufd be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the hoard of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall nave been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 125 Cliff Ave., Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emma Forsyth Brown
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 125 Cliff Ave., Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Female
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)	Widowed
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	George C. Brown
6 IF STILLBORN, enter that fact here.	
7 AGE	84 Years 1 Months 28 Days; If less than 1 day ... Hours ... Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Retired
10 Date deceased last worked at this occupation (month and year)	
11 Total time (years) spent in this occupation	
12 BIRTHPLACE (City) (State or country)	St. John N. B.
13 NAME OF FATHER	James Forsyth
14 BIRTHPLACE OF FATHER (City) (State or country)	not known
15 MAIDEN NAME OF MOTHER	not known
16 BIRTHPLACE OF MOTHER (City) (State or country)	not known
17 Informant (Address)	Walter H. Gordon, 65 Park St., Roxbury, Mass. (Relation, if any: nephew)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/10/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH	August (Month) 8 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 6, 1939, to Aug. 8, 1939
I last saw her alive on August 7, 1939, death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Generalized arteriosclerosis	1930
Chronic myocarditis	1935

Contributory causes of importance not related to principal cause:

Name of operation none. Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) Winthrop, Mass. Date Aug. 9 1939

21 Mt. Wollaston, Quincy
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 10, 1939

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed [stamp] 19
(Registrar)

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . —GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . —CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 39

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 27 Tileston Road St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Louise (Anderson) Tewksbury
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ......

(a) Residence. No. 27 Tileston Road St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 63 years ...... months ...... days. How long in U.S., if of foreign birth? ...... years ...... months ...... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ......
(Give maiden name of wife in full)
(or) WIFE of Frank E. Tewksbury
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 83 Years 9 Months 2 Days. If less than 1 day ...... Hours ...... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) 1923
11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Boothbay Harbor
(State or country) Maine

PARENTS
13 NAME OF FATHER Andrew Anderson
14 BIRTHPLACE OF FATHER (City) Boothbay Harbor
(State or country) Maine
15 MAIDEN NAME OF MOTHER Margaret Garney
16 BIRTHPLACE OF MOTHER (City) Boothbay Harbor
(State or country) Maine

17 Informant Myron W. Tewksbury (son) Relation, if any
(Address) 27 Tileston Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Childress
(Signature of Agent of Board of Health or other)
Health Officer — 8/10/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 8 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from July 3, 1939, to Aug 8, 1939
I last saw her alive on Aug 5, 1939, death is said to have occurred on the date stated above, at 7.35 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset (IMPORTANT)
Carcinoma of liver	Dec 6 1935

Contributory causes of importance not related to principal cause:
Hypertension
Chronic Myocarditis

Name of operation none ...... Date of ......
What test confirmed diagnosis? Observation ...... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ......
(Signed) R. B. Parker M.D.
(Address) Winthrop Mass ...... Date Aug 9 1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 10, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed AUG 1 1939 ...... 19......
(Registrar)

...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

00m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

BOSTON NOTIFIED 9/13/39

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James P. Leahy
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence No. 225 Webster St., Ward, East Boston
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months 4 days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Helen M. Burke
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 38 Years Months Days
If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Route Driver
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Herald Traveler
10 Date deceased last worked at this occupation (month and year) Aug 5 1939
11 Total time (years) spent in this occupation 12 yrs

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER Patrick Leahy
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Joyce
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Helen M. Leahy Relation, if any (WIFE)
(Address) 225 Webster St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/10/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 9 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 5, 1939, to Aug 9, 1939
I last saw him alive on Aug 9, 1939, death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Acute Cardiac Failure	8/9/39

Contributory causes of importance not related to principal cause:

Cholecystectomy	8/6/39
appendectomy	8/6/39
Intestinal Obstruction	8/9/39

Name of operation Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ~~Fred B~~
(Signed) Fred B. O'Regan, M. D.
(Address) 670 Saratoga St. Date 8/9 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 12 1939

22 NAME OF FUNERAL DIRECTOR David J. Dooley
ADDRESS 135 London St. E. Boston

Received and filed AUG 1 1 1939 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 510 Pleasant St., Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Averill Ordway
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 510 Pleasant St., Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 49 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female	18 DATE OF DEATH: August 9 1939 (Month) (Day) (Year)
4 COLOR OR RACE: White	
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed	

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Charles H. Ordway (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 3 Months 16 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) At sea
(State or country) Maine Jurisdiction

PARENTS
13 NAME OF FATHER Henry Averill
14 BIRTHPLACE OF FATHER (City) Frankfort
(State or country) Maine
15 MAIDEN NAME OF MOTHER Susan Treat
16 BIRTHPLACE OF MOTHER (City) Frankfort
(State or country) Maine

17 Informant Marion Ordway (Relation, if any: Daughter)
(Address) 510 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress [illegible]
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/11/39 (Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from April 28, 1932, to August 9, 1939
I last saw her alive on August 9, 1939, death is said to have occurred on the date stated above, at 12:15 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset (IMPORTANT)
Acute Coronary Thrombosis	Aug 7/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Diabetes Mellitus	1932

Name of operation: mid-thigh amputation of right leg. Date of Oct. 1938
What test confirmed diagnosis? Clinical & Laboratory. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob [illegible] Abrams M.D. M. D.
(Address) 362 Shirley St Winthrop Mass Date Aug 9 1939

21 Winthrop Cemetry Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 11 1939

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed ... 19...

(Registrar)

100m-9-'37. No. 1859-i.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 1??

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 2 Maple Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harry Clinton Graff
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 2 Maple Road St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 20 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Ella M. Kennedy (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 2 Months 6 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman (retired)
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Candy business
10 Date deceased last worked at this occupation (month and year): 1929
11 Total time (years) spent in this occupation: 30

12 BIRTHPLACE (City) New York
(State or country) New York

PARENTS
13 NAME OF FATHER Barney Graff
14 BIRTHPLACE OF FATHER (City) Gloversville
(State or country) New York
15 MAIDEN NAME OF MOTHER Catherine Smith
16 BIRTHPLACE OF MOTHER (City) Gloversville
(State or country) New York

17 Informant Ella M. Graff (Relation, if any: wife)
(Address) 2 Maple Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childrey
(Signature of Agent of Board of Health or other)
Agent (Official Designation)
Aug 18/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug (Month) 16 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 12, 1939, to Aug 16, 1939
I last saw him alive on Aug 16, 1939, death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Cerebral Hemorrhage	8/[illegible]/39
cardiac insufficiency	2 mo.

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
arteriosclerosis	2 yrs.
Hypertension	

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Roy W. Layton, M. D.
(Address) 270 Commonwealth Boston Date 8/16 1939

21 Mt. Auburn Cemetery Cambridge
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug. 19, 1939

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed AUG 22 1939
(Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

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RULES OF PRACTICE

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35, No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 173

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 38 Beach Rd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME David Joseph Donovan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 38 Beach rd St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Margaret Sullivan
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing
10 Date deceased last worked at this occupation (month and year) June 1931
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER Daniel Donovan
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Margaret Larkin
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Margaret Donovan (Wife) Relation, if any
(Address) 38 Beach Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent — Aug 18/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August (Month) 16 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from [None] , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 8.30 P. m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset
Natural Cause probably
Cerebral Hemorrhage — Aug 16 1939

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health Date Aug 18 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 19, 1939

22 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop

Received and filed AUG 1 1939 19

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 31 Prospect Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Susan Ball Donahue
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 31 Prospect Ave Winthrop St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 7 years months days. How long in U.S., if of foreign birth? 40 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of J.Frank Donahue (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 82 Years 2 Months 1 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Sherbrook
(State or country) Canada

PARENTS
13 NAME OF FATHER NOT KNOWN
14 BIRTHPLACE OF FATHER (City) " " " "
(State or country)
15 MAIDEN NAME OF MOTHER NOT KNOWN
16 BIRTHPLACE OF MOTHER (City) " " " "
(State or country)

17 Informant Harry B. Williams ( ) Relation, if any
(Address) 7 Norman Rd Newton Highlands Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
8/19/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 17 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Aug 17, 1939, I last saw h[er] alive on Aug 17, 1939, death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT

Cerebral Hemorrhage — Aug 12

Contributory causes of importance not related to principal cause:
Chronic Nephritis — [illegible]

Name of operation — Date of —
What test confirmed diagnosis? Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Harry A. Kelly, M. D.
(Address) Winthrop Date 8/18 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug 19 1939 19

22 NAME OF FUNERAL DIRECTOR Richard B. White
ADDRESS 147 Winthrop St. Winthrop Mass.

Received and filed 19
AUG 22 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

* In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 175

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 31 Belcher St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Owen William Flannery
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 31 Belcher St. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Margaret M. Ferrins
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10 Date deceased last worked at this occupation (month and year) April 1934
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS
13 NAME OF FATHER William Flannery
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Donnelly
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Margaret Flannery (Relation, if any: wife)
(Address) 31 Belcher St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childers
(Signature of Agent of Board of Health or other)
Agent — Aug 18/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH August 17 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I ~~attended~~ never attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19....., death is said to have occurred on the date stated above, at 11:15 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Natural Causes Probably	
Angina Pectoris	Aug 17 1939

Contributory causes of importance not related to principal cause:

Name of operation none — Date of
What test confirmed diagnosis? Investigation — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health — Date Aug 18 1939

21 St. Patrick's — Watertown Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 20 1939

22 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop, Massachusetts

Received and filed [illegible] 1939 19.....

A TRUE COPY ATTEST: (Registrar)

...in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 128

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Lydia Marsh Halsall nee'Marsh
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 27 Sewall av.,Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 25 years months days. How long in U.S., if of foreign birth 25 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Fred Wallace Halsall (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years 8 Months 9 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Five Islands
(State or country) Nova Scotia

PARENTS
13 NAME OF FATHER George R.Marsh
14 BIRTHPLACE OF FATHER (City) Five Islands
(State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Mary McAuliffe
16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Nova Scotia

17 Informant Fred W.Halsall (Relation, if any: husband)
(Address) 27 Sewall av.,Winthrop,Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation)
Aug 18/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug (Month) 17 (Day) 39 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 11, 1939, to Aug 17, 1939
I last saw her alive on Aug 17, 1939, death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT
Strep. Coccus (Streptococcus)
Meningitis — Aug 16

Contributory causes of importance not related to principal cause:
Chronic Cholecystitis
Cholecystitis

Name of operation none Date of —
What test confirmed diagnosis? none Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Dionigio A. Costa, M. D.
(Address) 261 Hanover Date Aug 18 1939

21 Winthrop Winthpop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 20, 1939

22 NAME OF FUNERAL DIRECTOR F. S. E. Parker
ADDRESS 300 Meridian St.,E.Bosto n

Received and filed AUG 22 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m.9.'37 No. 1859

STATE NOTIFIED 9/13/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 177

1 PLACE OF DEATH (County) Winthrop (City or Town)
No. 5 Otis St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugene Aloysius McCarthy (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 101 Russell St Charlestown St., 2 Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years 2 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male	18 DATE OF DEATH: August 20 1939 (Month) (Day) (Year)
4 COLOR OR RACE: White	
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed	
5a If married, widowed, or divorced HUSBAND of Mary Ellen Devine (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from June 15 1939, to Aug 15, 1939 I last saw him alive on Aug 15, 1939, death is said to have occurred on the date stated above, at 6 Am.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Cerebral Thrombosis — Date of Onset (IMPORTANT): Sept 1938
7 AGE 85 Years Months Days; If less than 1 day Hours Minutes	
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Navy yard	
10 Date deceased last worked at this occupation (month and year) July 1921; 11 Total time (years) spent in this occupation 25	Contributory causes of importance not related to principal cause: Cerebral Arteriosclerosis — Nov 1938
12 BIRTHPLACE (City) Boston (State or country) Mass	
PARENTS 13 NAME OF FATHER Jeremiah McCarthy	Name of operation None Date of None. What test confirmed diagnosis? ~~None~~ Clinical. Was there an autopsy?
14 BIRTHPLACE OF FATHER (City) Cork (State or country) Ireland	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify
15 MAIDEN NAME OF MOTHER Johana Wall	(Signed) F J Fitzpatrick, M. D. (Address) 2 Austin St Som. Date Aug 20 1939
16 BIRTHPLACE OF MOTHER (City) Waterford (State or country) Ireland	21 Holy Cross Malden Mass — Place of Burial, Cremation or Removal (City or Town). DATE OF BURIAL August 23 1939
17 Informant Mrs Frank Melville (Address) 101 Russell St Charlestown; Relation, if any (Daughter)	22 NAME OF FUNERAL DIRECTOR Frank H Carr. ADDRESS 4 Main St Charlestown Mass
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: [signature] (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/23/39 (Date of Issue of Permit)	Received and filed 19 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

01A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 178

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 128 Bartlett Rd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Sarah Merritt Simmons
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 128 Bartlett Rd. Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years 6 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female	18 DATE OF DEATH: Aug 25 1939 (Month) (Day) (Year)
4 COLOR OR RACE: White	
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed	

5a If married, widowed, or divorced HUSBAND of
(or) WIFE of Fred A. Simmons (Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 5 Months 12 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Norwell
(State or country) Mass

PARENTS
13 NAME OF FATHER Charles Merritt
14 BIRTHPLACE OF FATHER (City) Norwell
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Frances Vinal
16 BIRTHPLACE OF MOTHER (City) Norwell
(State or country) Mass.

17 Informant Mrs. Leah Stainforth (Relation, if any)
(Address) 128 Bartlett Rd. Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers Jr.
(Signature of Agent of Board of Health or other)
Health Officer 8/28/39
(Official Designation) (Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from August 14, 1939, to August 25, 1939
I last saw her alive on August 25, 1939, death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	Aug 12/39
Contributory causes of importance not related to principal cause: Angina Pectoris	1937

Name of operation none Date of —
What test confirmed diagnosis? clinical & laboratory Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M. D.
(Address) 562 Shirley St. Winthrop Date Aug 26/39

21 Mt. Auburn Cambridge
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Aug. 28 1939 19
22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed 19
AUG 31 1939
(Registrar)

important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 179

1 PLACE OF DEATH: Suffolk (County) Winthrop (City or Town)
No. 20 Enfield Road St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gertrude C. Burke (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 20 Enfield Road St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 26 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of William E. Burke (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 62 Years 2 Months 24 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10 Date deceased last worked at this occupation (month and year) Aug. 1939
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Salem (State or country) Mass

PARENTS
13 NAME OF FATHER James Bagley
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
15 MAIDEN NAME OF MOTHER Bridget Keegan
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant (Address) Mary E. Bagley Relation, if any (Sister)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 8/29/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug (Month) 27 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I ~~attended~~ seen deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
Natural causes Probably
Acute dilatation of Heart — Aug 27 1939

Contributory causes of importance not related to principal cause:
Chronic Myocarditis

Name of operation none Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Board of Health Date Aug 27 1939

21 St Pauls Cemetery Arlington
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL August 30, 1939

22 NAME OF UNDERTAKER M. J. Kelly
ADDRESS 11 Meridian St. East Boston

Received and filed AUG 31 1939 (Registrar)

important. See instructions and extracts from the laws on back of certificate.
100m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall nave been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 150

1 PLACE OF DEATH
SUFFOLK (County)
WINTHROP (City or Town)
No. Station Hospital, Fort Banks St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ANNA SICO LACASSE (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 11 Clark St St., Ward, Quincy, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred Unknown mos. days. How long in U. S., if of foreign birth? — yrs. — mos. — days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Female; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: August (Month) 29th (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of ... (Give maiden name of wife in full) (or) WIFE of Robert A. Lacasse (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from August 20, 1939, to August 29, 1939. I last saw her alive on August 29, 1939, death is said to have occurred on the date stated above, at 4:40 A.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Nephritis, acute, bilateral, severe with uremic poisoning, cause undetermined. — Date of Onset (IMPORTANT): Unknown
7 AGE 39 Years 2 Months 15 Days; If less than 1 day ... Hours ... Minutes	Contributory causes of importance not related to principal cause: Tumor, benign, leiomyomata, massive, involving entire uterus. — Unknown
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife; 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home; 10 Date deceased last worked at this occupation (month and year) ...; 11 Total time (years) spent in this occupation ...	Name of operation Hysterectomy Date of Aug 21, 1939. What test confirmed diagnosis? None. Was there an autopsy? No.
12 BIRTHPLACE (City) New Brunswick, N.J. (State or country)	20 Was disease or injury in any way related to occupation of deceased? ... If so, specify ...
PARENTS: 13 NAME OF FATHER Unknown; 14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Poland; 15 MAIDEN NAME OF MOTHER Unknown; 16 BIRTHPLACE OF MOTHER (City) Unknown (State or country) Poland	(Signed) C. E. Dovell, M. D. (Address) C. E. DOVELL, Lt. Col. MC Fort Banks, Mass. Date 8/29/39
17 Informant Registrar, Sta. Hosp Ft. Banks, Mass. (Address) Relation, if any	21 PLACE OF BURIAL, CREMATION OR REMOVAL Whitehall (Cemetery) N.Y. (City or town); DATE OF BURIAL Sept 1 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 8/29/39 (Date of Issue of Permit)	22 NAME OF UNDERTAKER C. R. Brennan; ADDRESS Winthrop, Mass.
	Received and filed AUG 31 1939 19... (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write ***housework*** in answer to Question 8 and ***own home*** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as ***housekeeper—private family, cook—hotel***, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

" The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury**. These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons found dead.

01A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. ....

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 2 Edgar Ter St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clarence Nathan Mundy (If U. S. War Veteran specify WAR) ....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 2 Edgar Ter St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male / 4 COLOR OR RACE White / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married	18 DATE OF DEATH August (Month) 29, (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Sarah Addis (Give maiden name of wife in full) (or) WIFE of .... (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from July 1st, 1935, to Aug. 29, 1939. I last saw h~~im~~ alive on Aug. 12, 1939, death is said to have occurred on the date stated above, at 11.45 p.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT.)
7 AGE 68 Years 6 Months 13 Days. If less than 1 day ....Hours ....Minutes	Generalized arteriosclerosis 1930
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman	Chronic myocarditis 1935
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber	
10 Date deceased last worked at this occupation (month and year) Jan 9/1933. 11 Total time (years) spent in this occupation 42	Contributory causes of importance not related to principal cause:
12 BIRTHPLACE (City) Plainfield (State or country) New Jersey	Chronic Arthritis 1929.
PARENTS 13 NAME OF FATHER James T Mundy	Name of operation none. Date of ....
14 BIRTHPLACE OF FATHER (City) Plainfield (State or country) New Jersey	What test confirmed diagnosis? Clinical. Was there an autopsy? no.
15 MAIDEN NAME OF MOTHER Adalaide Hankinson	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify ....
16 BIRTHPLACE OF MOTHER (City) Vienna (State or country) New Jersey	(Signed) Gyrdie W. Dickinson, M. D. (Address) Winthrop Mass. Date Aug 30, 1939.
17 Informant Sarah Mundy (Address) 2 Edgar Ter. Relation, if any (Wife)	21 Winthrop Winthrop. Place of Burial, Cremation or Removal (City or Town). DATE OF BURIAL Sept. 1 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:	22 NAME OF FUNERAL DIRECTOR C. R. Brennan. ADDRESS Winthrop Mass.
Wm. P. Childress (Signature of Agent of Board of Health or other)	Received and filed .... 19.... SEP 6 1939
Health Officer (Official Designation) 8/31/39 (Date of Issue of Permit)	(Registrar)

important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

BOSTC
(City or town making return) 32

Registered No. 7136

1 PLACE OF DEATH
(County)
(City or Town)
No. Peter Bent Brigham Hosp St., Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John J Mulvanity (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 72 Harborn View Ave St., Ward, Winthrop Beach
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Divorced

5a If married, widowed, or divorced HUSBAND of Mae Dubray
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. physician
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 1930
11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City)
(State or country) Nashua NH

PARENTS
13 NAME OF FATHER Thomas Mulvanity
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Margaret Clancey
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Sara A Williams Relation, if any (Sister)
(Address)

A TRUE COPY.
ATTEST: James A. Rourke
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 13/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/11/39, 19 , to 8/13/39, 19
I last saw him alive on 8/13/39, 19 , death is said to have occurred on the date stated above, at 8 35p m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
hypertension	10yrs
cerebral vascular thrombosis	?10dys

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W B Osgood, M. D.
(Address) Peter B B Hosp Date 8/13/39 19

21 St Patricks Nashua NH
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 8/17/39 19

22 NAME OF UNDERTAKER J P Cleary & Son
ADDRESS Boston

Received and filed 8/16/39 19

(Registrar of City or Town where deceased resided)

WINTHROP MASS.
SEP 22 1933 AM

301A

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

00m 11 '36. No. 9080.F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 123

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 237 - River Rd St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louis Wolfson (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 237 - River Rd. (Usual place of abode) Ward, ~~Winthrop~~ (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed or divorced HUSBAND of Rose Kramer (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 53 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For himself
10 Date deceased last worked at this occupation (month and year) 1936
11 Total time (years) spent in this occupation ... yrs

12 BIRTHPLACE (City) (State or country) Boston, Mass.

PARENTS
13 NAME OF FATHER Abraham J. Wolfson
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Rachael - Carmody Learned
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant Jacob Kramer (Relation, if any) (Father-in-law)
(Address) 43 - Revere St. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 9/2/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 1 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 1936, to Sept 1, 1939
I last saw him alive on Sept 1, 1939 death is said to have occurred on the date stated above, at 9:15 P m.
The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
diabetes
carcinoma of liver, intestine
rectum

Contributory causes of importance not related to principal cause:

Name of operation no Date of
What test confirmed diagnosis? no Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Louis Cohen, M. D.
(Address) 108 Meridian St EB Date 9/1 1939

21 Adath Israel Cem. W. Rox.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept. 3 - 1939

22 NAME OF UNDERTAKER Samuel Stanetsky
ADDRESS 10 - Wash. St. Box.

Received and filed SEP 6 1939 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and

R-301A

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 184

Brookline 10/11/39

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 244 Shore Drive St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Joseph Kaufman
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 21 Parkman St Brookline St., Ward Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: male — 4 COLOR OR RACE: white — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married.	18 DATE OF DEATH: September (Month) 3 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Rebecca Jackson (Give maiden name of wife in full)	19 I HEREBY CERTIFY, That I never attended deceased from ..., 19..., to ..., 19...
(or) WIFE of ... (Husband's name in full)	I ~~last~~ never saw h im alive on ..., 19..., death is said
6 IF STILLBORN, enter that fact here.	to have occurred on the date stated above, at 6:30 A m.
7 AGE 74 Years 1 Months ... Days — If less than 1 day ... Hours ... Minutes	The principal cause of death and related causes of importance in order of onset were as follows: — Date of Onset IMPORTANT
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman	Natural causes
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Leather	Presumably coronary occlusion — 9/2/39
10 Date deceased last worked at this occupation (month and year) ... — 11 Total time (years) spent in this occupation ...	Contributory causes of importance not related to principal cause:
12 BIRTHPLACE (City) (State or country): England	Chronic cholecystitis
PARENTS 13 NAME OF FATHER: Jacon Kaufman	
14 BIRTHPLACE OF FATHER (City) (State or country): unknown	Name of operation ... Date of ... What test confirmed diagnosis? ... Was there an autopsy? no
15 MAIDEN NAME OF MOTHER: Rose unknown	20 Was disease or injury in any way related to occupation of deceased? no If so, specify ...
16 BIRTHPLACE OF MOTHER (City) (State or country): unknown	(Signed) Arthur C. Murray, M. D. (Address) Winthrop Board of Health Date 9/3 1939
17 Informant Warren Kaufman (Son) Relation, if any. (Address) 244 Shore Drive Winthrop Mass	21 Temple Ohabei Shalom E. Boston — Place of Burial, Cremation or Removal (City or Town) — DATE OF BURIAL Sept 5 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 9/2/39 (Date of Issue of Permit)	22 NAME OF FUNERAL DIRECTOR J. S. Waterman & Son — ADDRESS Boston Mass.
	Received and filed SEP 6 1939 ... (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

2-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 185

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
SEXTEN NOTIFIED 9/11/39
No. Winthrop Community Hospital St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Stillborn) Tyrer
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) —

(a) Residence. No. 93 1/2 Princeton St., Ward, E. Boston, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred ...... years ...... months ...... days. How long in U.S., if of foreign birth? ...... years ...... months ...... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): ------
5a If married, widowed, or divorced HUSBAND of ...... (Give maiden name of wife in full)
(or) WIFE of ...... (Husband's name in full)
6 IF STILLBORN, enter that fact here. Stillborn
7 AGE ...... Years ...... Months ...... Days | If less than 1 day ...... Hours ...... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ......
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ......
10 Date deceased last worked at this occupation (month and year) ......
11 Total time (years) spent in this occupation ......

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
13 NAME OF FATHER: John W. Tyrer
14 BIRTHPLACE OF FATHER (City): East Boston
(State or country): Mass.
15 MAIDEN NAME OF MOTHER: Emma L. Teed
16 BIRTHPLACE OF MOTHER (City): Revere
(State or country): Mass.

17 Informant: John L. Tyrer (Relation, if any: father)
(Address): 93½ Princeton St., E. Boston, Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H. O. (Official Designation)
Sept 6/39 — (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: September 4, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1939, to Sept 4, 1939
I last saw h— alive on ~~Sept 4~~, 1939 death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Date of Onset IMPORTANT

Still born.
Macerated Foetus.
6 month pregnancy

Contributory causes of importance not related to principal cause:
Prolapse cord.

Name of operation: Version ...... Date of 9/4/39
What test confirmed diagnosis? ...... Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify ......
(Signed) George H. LeCount, M. D.
(Address) 19 Princeton St. Date 9/5 1939

21 Woodlawn Everett
Place of Burial, Cremation, or Removal. (City or Town)
DATE OF BURIAL: September 6, 1939

22 NAME OF FUNERAL DIRECTOR: L. E. Parker
ADDRESS: 300 Meridian St., E. Boston

Received and filed SEP 12 1939 ...... 19......
(Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m.9 '37 No. 1859 i.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons found dead

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent

Registered No. ....

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 62 Summit Ave St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Bertha Bergman (If U. S. War Veteran specify WAR) ....
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 62 Summit Ave Winthrop Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 8 years .... months .... days. How long in U.S., if of foreign birth? 45 years .... months .... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Bergman (Given name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here. ....

7 AGE 73 Years .... Months .... Days. If less than 1 day .... Hours .... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10 Date deceased last worked at this occupation (month and year) Sept 3 1939
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) .... (State or country) Russia

PARENTS
13 NAME OF FATHER Raphael Moritz
14 BIRTHPLACE OF FATHER (City) .... (State or country) Russia
15 MAIDEN NAME OF MOTHER Hannah Unknown
16 BIRTHPLACE OF MOTHER (City) .... (State or country) Russia

17 Informant Fannie Goldberg Relation, if any (Daughter)
(Address) 62 Summit Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm S Childers
(Signature of Agent of Board of Health or other)
H. O. (Official Designation)
Sept 5/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 4 (Day), 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1934, to Sept 4, 1939
I last saw her alive on Sept 3, 1939, death is said to have occurred on the date stated above, at 11.30 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Hypertensive Heart Disease	1934
Coronary Thrombosis	9/3/39

Contributory causes of Importance not related to principal cause: ....

Name of operation none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no.
If so, specify ....
(Signed) Irving Thwaite, M. D.
(Address) 9 Richardson Ave Date Sept 4 1939

21 Tifereth Israel Everett Mass (Chelsea)
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 5 1939

22 NAME OF FUNERAL DIRECTOR Jacob H. Levine
ADDRESS 394 Wash St Dor Mass

Received and filed SEP 6 1939
.... (Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-303 B

N. B. WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 107

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alice Bunker
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 19 Moore St. Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 78 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. State House
10 Date deceased last worked at this occupation (month and year) Dec 1922
11 Total time (years) spent in this occupation 39

12 BIRTHPLACE (City) Nantucket,
(State or country) Mass

PARENTS
13 NAME OF FATHER James M. Bunker
14 BIRTHPLACE OF FATHER (City) Nantucket,
(State or country) Mass
15 MAIDEN NAME OF MOTHER — Macy
16 BIRTHPLACE OF MOTHER (City) Nantucket,
(State or country) Mass.

17 Informant Austin T. Bunker (Bro)
(Address) 5 Worthen Rd - Winchester

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: 637

[illegible] (Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

BOSTON HEALTH DEPT.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept - 4 - 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)

Bronchopneumonia
Senility
Recent Fracture Right Femur

Fell accidentally at her home on August - 9 - 1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Winthrop

(Signed) Wm. J. Brickley, M. D.
(Address) Boston Date Sept 4 - 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn - Everett
(Cemetery) (City or town)

DATE OF BURIAL Sept. 7 - 1939

22 NAME OF UNDERTAKER Mann & Mann - C L Mann
ADDRESS Boston, Mass.

Received and filed SEP 6 1939 19

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

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NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

-301A

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 123

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 39 Seaview Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Lightbown
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 39 SeaView Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 20 years months days. How long in U.S., if of foreign birth? 29 years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male	18 DATE OF DEATH: September 4 1939 (Month) (Day) (Year)
4 COLOR OR RACE: White	
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	
5a If married, widowed, or divorced HUSBAND of Miriam (Brindle) (Give maiden name of wife in full)	19 I HEREBY CERTIFY, That I attended deceased from March 19, 1939, to Sept 4, 1939
(or) WIFE of (Husband's name in full)	I last saw him alive on Sept 3, 1939, death is said to have occurred on the date stated above, at 7 P. m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows:
7 AGE 69 Years Months 10 Days; If less than 1 day Hours Minutes	Carcinoma of Liver — Date of Onset (IMPORTANT): Mar 19 39
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stationary	Contributory causes of importance not related to principal cause:
10 Date deceased last worked at this occupation (month and year) — 11 Total time (years) spent in this occupation	
12 BIRTHPLACE (City) Lancaster (State or country) England	
PARENTS 13 NAME OF FATHER: William Lightbown	Name of operation: none — Date of
14 BIRTHPLACE OF FATHER (City) (State or country) England	What test confirmed diagnosis? Absent — Was there an autopsy? no
15 MAIDEN NAME OF MOTHER: Not Known	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify
16 BIRTHPLACE OF MOTHER (City) (State or country) Not Known	(Signed) Raymond B Parker, M. D. (Address) Winthrop Mass Date Sept 6 1939
17 Informant Miriam Lightbown (Relation, if any: Wife) (Address) 39 SeaView Ave Winthrop Mass	21 Winthrop — Winthrop. Place of Burial, Cremation or Removal (City or Town). DATE OF BURIAL September 6, 1939, 19
	22 NAME OF FUNERAL DIRECTOR Richard K White ADDRESS 147 Winthrop St Winthrop
I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm D. Childress (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 9/6/39 (Date of Issue of Permit)	Received and filed SEP 1? 1939, 19 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

2-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 129

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 65 Court Rd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edwin Francis Fitzgerald
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 65 Court Rd. St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary E. O'Brien
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 49 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dredge Insp.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Gov.
10 Date deceased last worked at this occupation (month and year) Dec 1938
11 Total time (years) spent in this occupation 7

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER Michael Fitzgerald
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Bridget Elmore
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Mary E. O'Brien Fitzgerald (Address) Relation, if any (Wife)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent
(Official Designation)
Sept 7/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 5 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I never attended deceased from , 19 , to , 19
I last saw h alive on , 19 , death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Natural Causes Probably	
Carcinoma of Bladder	Feb. 1939

Contributory causes of importance not related to principal cause:

Name of operation Exploratory Date of June 1939
What test confirmed diagnosis? [illegible] Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Board of Health Date Sept 7 1939

21 Holy Cross Cem. Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 7 1939

22 NAME OF FUNERAL DIRECTOR Kirby Bros
ADDRESS 178 Bennington St. E. Boston

Received and filed SEP 12 1939
(Registrar)

...should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37 No. 1859-I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. ....

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 4 Belcher St Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gaetano Lanza Dawson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 4 Belcher St Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 62 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: 9 (Month) 10 (Day) 39 (Year)
5a If married, widowed, or divorced HUSBAND of Mantie Cora Belcher (Give maiden name of wife in full) (or) WIFE of .... (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from 5/25, 1939, to 9-10, 1939. I last saw him alive on 9-9, 1939, death is said to have occurred on the date stated above, at 4 P m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Pulmonary Haemorrhage — Date of Onset (IMPORTANT): 9/10/39
7 AGE 65 Years 5 Months 14 Days. If less than 1 day ... Hours ... Minutes	
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Mfg	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Granite Stone & Cement-Vault Mfg	
10 Date deceased last worked at this occupation (month and year): Mar 1937 · 11 Total time (years) spent in this occupation: 45	Contributory causes of importance not related to principal cause: Parkinson's Disease — 3
12 BIRTHPLACE (City): Winthrop (State or country): Mass	
PARENTS: 13 NAME OF FATHER: John W. Dawson	Name of operation .... Date of .... What test confirmed diagnosis? .... Was there an autopsy? ....
14 BIRTHPLACE OF FATHER (City): Gloucester (State or country): Mass	
15 MAIDEN NAME OF MOTHER: Lovicy P. White	20 Was disease or injury in any way related to occupation of deceased? No. If so, specify .... (Signed) Harvey Kelly, M. D. (Address) Winthrop Date 9/11 1939
16 BIRTHPLACE OF MOTHER (City): No Woodstock (State or country): Vermont	21 Winthrop Cemetery Winthrop. Place of Burial, ~~Cremation or Removal~~ (City or Town). DATE OF BURIAL Winthrop Winthrop 9/12 1939
17 Informant: Joseph L. E. Dawson (Relation, if any: Brother) (Address) 31 Lincoln St Winthrop	22 NAME OF FUNERAL DIRECTOR: Chas R Bennion. ADDRESS: Winthrop Mass
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm H Childress (Signature of Agent of Board of Health or other) H.D. (Official Designation) Sept 12 1939 (Date of Issue of Permit)	Received and filed SEP 12 1939 ....19.... (Registrar)

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m.9.'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9 '37 No. 1859-h.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON NOTIFIED 10/11/39

(City or town making return)

Registered No. 31

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Station Hospital, Fort Banks St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John P. Moffet
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) U.S. Army

(a) Residence. No. 473 Center St. St., Ward, Jamaica Plain, Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred Unknown years months days. How long in U.S., if of foreign birth? — years — months — days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 60 Years Months 8 Days | If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st Sgt. 3rd Inf.
10 Date deceased last worked at this occupation (month and year) Unknown
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Mass.
(State or country)

PARENTS
13 NAME OF FATHER Unknown
14 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Unknown
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country)

17 Informant Registrar, Sta Hosp Ft Banks Mass.
(Address) Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. T. Childress
(Signature of Agent of Board of Health or other)
H.O.
(Official Designation)
Sept. 16/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 16 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Aug 21, 1939, to Sept 16, 1939
I last saw h.M. alive on Sept 16, 1939, death is said to have occurred on the date stated above, at 3:25 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Nephritis, chronic, interstitial severe. Arteriosclerosis generalized Type and cause undetermined.	Unknown
Valvular heart disease, mitral insufficiency with severe regurgitation.	Unknown
Contributory causes of importance not related to principal cause:	
Uremia, terminal, secondary to 1.	Sept. 14/39

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. W. Sale — C. W. SALE Lt. Col. M.C., M. D.
(Address) Fort Banks, Mass. Date 9/16/39

21 St. Johns - Worcester Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 19 - 1939 - 19

22 NAME OF FUNERAL DIRECTOR Daniel L. Shea
ADDRESS Jamaica Plain

Received and filed 19

(Registrar)

A TRUE COPY ATTEST:

SEP 21 1939

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN., LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 422

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Max Morris
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U.S. War Veteran specify WAR) ....

(a) Residence. No. 16 - Dana St., Ward, Revere, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred ... years ... months ... days. How long in U.S., if of foreign birth? 40 years ... months ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed, or divorced HUSBAND of Annie Wechsler
(Give maiden name of wife in full)
(or) WIFE of ....
(Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 62 Years ... Months ... Days — If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant - Prop
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For himself
10 Date deceased last worked at this occupation (month and year) 1937
11 Total time (years) spent in this occupation 40 yrs

12 BIRTHPLACE (City) (State or country) Jerusalem

PARENTS
13 NAME OF FATHER Harry Morris
14 BIRTHPLACE OF FATHER (City) (State or country) Jerusalem
15 MAIDEN NAME OF MOTHER Libbie - Cannot be learned
16 BIRTHPLACE OF MOTHER (City) (State or country) Jerusalem

17 Informant (Address) Anna Morris (Wife) 16 - Dana St. Revere
Relation, if any

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
William D. Childress
(Signature of Agent of Board of Health or other)
Agent (Official Designation) — Sept. 16/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 16 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935, to Sept 16, 1939
I last saw him alive on Sept 16, 1939, death is said to have occurred on the date stated above, at 5.15 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Coronary thrombosis	1935
Coronary thrombosis	Sept 16 - 1939

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Cardiac failure	Sept 16 - 1939

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Frank J. Sandler, M. D.
(Address) 56 Shirley St. Revere Date 9/16 1939

21 Montefiore Cem. Woburn
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept 17 1939
22 NAME OF UNDERTAKER Manuel Stutely
ADDRESS 10 - Wash St. Bos.

Received and filed SEP 21 1939 19...
(Registrar)

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate. ... should be carefully supplied. Age should be stated EXACTLY.

100m 11-'36. No. 9080-F

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. **If the occupation had been given** up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular **kind** of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)

BOSTON NOTIFIED 9/11/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 133

No. Win Comm Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Girl Baby Rahilly (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 11 Miles St St., Cha Ward Charlestown (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Girl | 4 COLOR OR RACE W | 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) —

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER John Rahilly
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
15 MAIDEN NAME OF MOTHER Margaret ~~Margaret~~ A Mahoney
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant John Rahilly (Father) Relation, if any
(Address) 11 Miles St Charstn

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
W. McAlechren (Signature of Agent of Board of Health or other)
H.O. (Official Designation) at Sept 18/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 17 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from , 19 , to Sept 17 , 1939
I last saw her ~~alive~~ on Stillborn , 19 , death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset IMPORTANT
Stillborn | Sept 17-39
& mon-
monstrosity

Contributory causes of importance not related to principal cause:
Hydramnios of mother | Sept-39

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank J Handler, M. D.
(Address) Revere Date 9/18 1939

21 Mt Benedict Cem W Rox
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Sept 21 1939

22 NAME OF UNDERTAKER Thomas D Russell
ADDRESS 1409 Dor Ave Dor.

Received and filed 1409 19

SEP 21 1939 (Registrar)

100m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal: provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 232 Shirley Street St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)

Registered No. 134

2 FULL NAME Michael Kelly
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 232 Shirley Street St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Landscape
10 Date deceased last worked at this occupation (month and year) Sept 1930
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) Cork
(State or country) Ireland

PARENTS
13 NAME OF FATHER Michael
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Bridget Donohue
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Theresa M. Horan ( ) Relation, if any
(Address) 232 Shirley St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H. O. (Official Designation) Sept 21/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 20 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1939, to Sept 20, 1939
I last saw him alive on Sept 20, 1939, death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Arteriosclerosis	1930
Chronic myocarditis	1935

Contributory causes of importance not related to principal cause:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Guido W. Dickinson, M. D.
(Address) Winthrop, Mass Date Sept 21, 1939.

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 22 1939

22 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop, Massachusetts.

Received and filed SEP 21 1939 19

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. ....

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 185 Grovers Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emanuel Marcus.
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 185 Grovers Ave. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 22 years months days. How long in U.S., if of foreign birth? 57 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Bertha Nissell (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years .... Months .... Days. If less than 1 day .... Hours .... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar-maker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar-factory
10 Date deceased last worked at this occupation (month and year) 1929
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) ....
(State or country) Germany

PARENTS
13 NAME OF FATHER Morris Marcus
14 BIRTHPLACE OF FATHER (City) ....
(State or country) Germany
15 MAIDEN NAME OF MOTHER Fredrika Hartman
16 BIRTHPLACE OF MOTHER (City) ....
(State or country) Germany

17 Informant Bertha Marcus Relation, if any (wife)
(Address) 185 Grovers Ave, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
H.O. (Official Designation)
Sept. 21/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. (Month) 21 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to Sept 21, 1939
I last saw him alive on July 21, 1939, death is said to have occurred on the date stated above, at 4.45 A.m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Coronary Embolism

Contributory causes of importance not related to principal cause:

Arterio sclerosis
myocarditis

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ....
(Signed) [illegible], M. D.
(Address) 7 Washington av. Date 9/21 1939

21 Hand in Hand, West Roxbury
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept. 24, 1939

22 NAME OF FUNERAL DIRECTOR Benjamin F. Solomon
ADDRESS 420 HARVARD ST., BROOKLINE, MASS.

Received and filed .... 19....
SEP 21 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

301A

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 196

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Anna (Scadt) Dean
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 91 Winthrop St St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 35 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Harry B. Dean (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years 10 Months 19 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Allentown
(State or country) Pa.

PARENTS
13 NAME OF FATHER: Moses B. Scadt
14 BIRTHPLACE OF FATHER (City): Not Known
(State or country): ~~P.A.~~ Pa.
15 MAIDEN NAME OF MOTHER: Lucinda E. Sterner
16 BIRTHPLACE OF MOTHER (City)
(State or country): ~~P.A.~~ Pa.

17 Informant Dorothy D. Sheldon Relation, if any: Daughter
(Address) Univ. Cal. Bekkley Cal.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
9/26/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept. 24 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1936, to Sept 24, 1939
I last saw her alive on Sept 24, 1939, death is said to have occurred on the date stated above, at 9.45 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Chronic Myocarditis	Sept 10 1936
Acute Myocarditis	Sept 23 1939

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Acute Bronchitis	Sept 8 1939

Name of operation none Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Sept 25 1939

21 Forest Hills Boston Mass.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept. 26 1939 19

22 NAME OF FUNERAL DIRECTOR R.H. White E.P.R.
ADDRESS 147 Winthrop St. Win

Received and filed 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home-housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

To be filed for burial permit with Board of Health or its Agent.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Registered No. 197

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 88 Somerset Avenue St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Robert Bentley
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 88 Somerset Avenue St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 11 years months days. How long in U.S., if of foreign birth? 50 years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: Sept (Month) 24 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Mabel Frost (Give maiden name of wife in full); (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1936, to Sept 24, 1939; I last saw him alive on Sept 21, 1939, death is said to have occurred on the date stated above, at 7 45 p.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
7 AGE 62 Years 7 Months 5 Days; If less than 1 day ... Hours ... Minutes	Hypertensive arteriosclerotic Heart Disease. — 1934
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Road Master	Coronary sclerosis — 1934
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. railroad	Angina pectoris — 1936
10 Date deceased last worked at this occupation (month and year) 1937; 11 Total time (years) spent in this occupation 11	Contributory causes of importance not related to principal cause: Chronic arthritis — 1935
12 BIRTHPLACE (City) Oldham (State or country) England	
PARENTS 13 NAME OF FATHER Mark Bentley	Name of operation none Date of
14 BIRTHPLACE OF FATHER (City) (State or country) England	What test confirmed diagnosis? clinical Was there an autopsy? no
15 MAIDEN NAME OF MOTHER Caroline Gray	20 Was disease or injury in any way related to occupation of deceased? no If so, specify
16 BIRTHPLACE OF MOTHER (City) (State or country) England	(Signed) [illegible], M. D. (Address) Winthrop Mass. Date Sept 25 1939
17 Informant Mrs. Mabel F. Bentley (Relation, if any: wife) (Address) 88 Somerset Ave Winthrop Mass	21 Mt. Auburn Cemetery Cambridge — Place of Burial, Cremation or Removal. (City or Town); DATE OF BURIAL September 26 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childs [illegible] (Signature of Agent of Board of Health or other); Health Officer (Official Designation); 9/26/39 (Date of Issue of Permit)	22 NAME OF UNDERTAKER Charles R. Bennison; ADDRESS Winthrop Mass
	Received and filed ... 19 ... (Registrar)

...in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

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Example

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Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

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RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** **the sudden deaths of persons not disabled by recognized dis-**

R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 PLACE OF DEATH
Norfolk (County)
Norwood (City or Town)
No. Norwood Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)

Registered No. 198

2 FULL NAME Rita Gallagher
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 53 Beech Road St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 16 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Charlestown
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Francis W. Gallagher
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Eileen O'Brien
16 BIRTHPLACE OF MOTHER (City) Dover
(State or country) New Hampshire

17 Informant Francis W. Gallagher Relation, if any Father
(Address) 53 Beech Road, Winthrop, Mass

A TRUE COPY.
ATTEST: Mary T. White
(Registrar of city or town where death occurred)

DATE FILED September 26, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 24, (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

Fracture of skull
Fracture of left leg
Multiple contusions of face, arms & Body

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? Accident
Date of Injury Sept. 22, 1939
Where did Injury occur? Norwood, Mass. (City or town and State)
Manner of Injury Struck by Automobile
Nature of Injury See 19.
Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Otho L. Schofield, M. D.
(Address) Wellesley, Mass. Date 9/24 1939

22 Winthrop Winthrop, Mass.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL September 27, 1939

23 NAME OF UNDERTAKER John F. O'Maley
ADDRESS Winthrop, Mass.

Received and filed Oct. 16 1939

(Registrar of City or Town where deceased resided)

25m. 11. '36. No. 9080.

-301A

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 191

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Josephine F. Liston
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 176 Crescent Ave St., Ward, Revere
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months 19 days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of James M. Liston (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 61 Years Months Days | If less than 1 day Hours Minutes
OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Jan. 1938
11 Total time (years) spent in this occupation 39
12 BIRTHPLACE (City) Boston
(State or country) Mass.
PARENTS
13 NAME OF FATHER William W. Hendricken
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Elizbeth A. Doyle
16 BIRTHPLACE OF MOTHER (City) Lynn
(State or country) Mass.
17 Informant James M. Liston Relation, if any (husband)
(Address) 176 Crescent Ave., Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Office (Official Designation) 9/27/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH September (Month) 26 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1939, to Sept 26, 1939
I last saw her alive on Sept 26, 1939, death is said to have occurred on the date stated above, at 3:00 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Pulmonary Edema	9/25/39
Hypertensive Heart Disease	don't know
Hypertension	don't know
Contributory causes of importance not related to principal cause:	
Arthritis	1934
Cholecystitis	1934

Name of operation none Date of —
What test confirmed diagnosis? X-Ray Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John F. Collins, M. D.
(Address) Revere Mass Date 9/26 1939

21 Calvary Boston
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Sept. 30, 1939
22 NAME OF UNDERTAKER Michael J. Pascella
ADDRESS 10 No. Bennet St., Boston

Received and filed 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 200

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 94 Lincoln St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Herbert Stanley Macgowan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 94 Lincoln St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 years 6 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary Adalaide Wider (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 28 Years 4 Months 17 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Sept. 30, 1939
11 Total time (years) spent in this occupation 7

12 BIRTHPLACE (City) New York (State or country) New York

PARENTS
13 NAME OF FATHER Robert Macgowan
14 BIRTHPLACE OF FATHER (City) Unknown (State or country) Unknown
15 MAIDEN NAME OF MOTHER Helen Stanley
16 BIRTHPLACE OF MOTHER (City) New York (State or country) New York

17 Informant (Address) Mary (Wider) Macgowan Relation, if any (Wife)

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/2/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept (Month) 30 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I ~~attended~~ never attended deceased from never, 19..., to ..., 19... I last saw h... alive on ..., 19..., death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Natural Causes, Probably Cerebral Embolism — Sept. 30 1939

Contributory causes of importance not related to principal cause:
Chronic Endocarditis Rheumatism — 1925.

Name of operation none. Date of ...
What test confirmed diagnosis? Investigation. Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Board of Health Date Oct 2 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL October 3, 1939

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop ST Winthrop

Received and filed ..., 19...
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 201

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George Asa Everbeck
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ....

(a) Residence. No. 217 Lincoln St., ... Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. 27 days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Lillian Manwaring
(Give maiden name of wife in full)
(or) WIFE of ....
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....
10 Date deceased last worked at this occupation (month and year) ....
11 Total time (years) spent in this occupation ....

12 BIRTHPLACE (City) (E)Boston
(State or country)

PARENTS
13 NAME OF FATHER George S. Everbeck
14 BIRTHPLACE OF FATHER (City) Boston
(State or country)
15 MAIDEN NAME OF MOTHER Alzada M. Dill
16 BIRTHPLACE OF MOTHER (City) ....
(State or country) Maine

17 Informant M. K. McPhillips Relation, if any (........)
(Address) DSH

A TRUE COPY.
ATTEST: A. Preston Chase
(Registrar of city or town where death occurred)
DATE FILED 9/18/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sep. 10, 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from August 14, 1939, to Sep. 10, 1939
I last saw him alive on Sep. 10, 1939, death is said to have occurred on the date stated above, at 7.55P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
General arteriosclerosis	1920
Chr.myocarditis	1934

Contributory causes of importance not related to principal cause: ....

Name of operation .... Date of ....
What test confirmed diagnosis? clin. Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) Myer Asekoff, M. D.
(Address) DSH Date 9/15 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL 9/13/39 19

22 NAME OF UNDERTAKER Richard White
ADDRESS Winthrop

Received and filed ....19........
(Registrar of City or Town where deceased resided)

OCT 16 [illegible] AM

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 8086 202

1 PLACE OF DEATH
(County) ....
(City or Town) ....
No. Peter Bent Brigham Hosp St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William J Rivers
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ....

(a) Residence. No. 77 Terrace Ave St., ... Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred .... yrs. .... mos. .... days. How long in U. S., if of foreign birth? .... yrs. .... mos. .... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of .... (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE: 42 Years 7 Months .... Days | If less than 1 day .... Hours .... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: WPA
10 Date deceased last worked at this occupation (month and year): 5/39
11 Total time (years) spent in this occupation: ....

12 BIRTHPLACE (City) .... (State or country): Malden

PARENTS
13 NAME OF FATHER: Emery Rivers
14 BIRTHPLACE OF FATHER (City) .... (State or country): Holyoke
15 MAIDEN NAME OF MOTHER: Anastasia B O'Neil
16 BIRTHPLACE OF MOTHER (City) .... (State or country): Newfoundland

17 Informant (Address) .... Relation, if any (Mother)

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)
DATE FILED .... 19....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Sept 19/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 8/26/39, 19...., to 9/19/39, 19....
I last saw him alive on 9/19/39, 19...., death is said to have occurred on the date stated above, at 9.23a m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
carcinoma of pancreas-head-with metastases	12/38

Contributory causes of importance not related to principal cause: ....

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) W B Osgood, M. D.
(Address) Peter B B Hosp Date 9/19/39 19....

21 Winthrop-Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 9/21/39 19

22 NAME OF UNDERTAKER: C R Bennison
ADDRESS: Winthrop

Received and filed 9/21/39 19....

....
(Registrar of City or Town where deceased resided)

WINTHROP MASS.
1765
OCT 21 AM

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Chelsea (City or town making return)

Registered No. 203

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. Soldiers' Home Hospital St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles H. Moore
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) Spanish

(a) Residence. No. 70 Summit Ave. St., ... Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred ... yrs. ... mos. ... days. How long in U. S., if of foreign birth? ... yrs. ... mos. ... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married
5a If married, widowed, or divorced HUSBAND of Lillian Pearson (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 73 Years ? Months ? Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paymaster
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mass. Bonding Ins. Co.
10 Date deceased last worked at this occupation (month and year) 1936
11 Total time (years) spent in this occupation 30

12 BIRTHPLACE (City) New Britian
(State or country) Conn.

PARENTS
13 NAME OF FATHER Leonard Moore
14 BIRTHPLACE OF FATHER (City) Litchfield
(State or country) Conn.
15 MAIDEN NAME OF MOTHER (cannot be learned)
16 BIRTHPLACE OF MOTHER (City)
(State or country) (cannot be learned)

17 Informant (Address) Hospital Records
Relation, if any (........)

A TRUE COPY.
ATTEST: Joseph A. Tyrrell
(Registrar of city or town where death occurred) City Clerk
DATE FILED Oct. 13, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 13, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1939 to Oct. 13, 1939
I last saw him alive on Oct. 13, 1939, death is said to have occurred on the date stated above, at 4:10 A.m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

Cause	Date of onset
Generalized arteriosclerosis	yrs
Arteriosclerotic heart disease	yrs
Cardiac decompensation	10/4/39

Contributory causes of importance not related to principal cause:

Cause	Date of onset
? Old cerebral accident	? May 1939

Name of operation none Date of ....
What test confirmed diagnosis? clinical Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify ....
(Signed) John F. Conlin, M. D.
(Address) Soldiers' Home Chelsea Date 10/13 1939

21 New Britian, Conn.
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct. 16, 1939

22 NAME OF UNDERTAKER Richard White
ADDRESS Winthrop, Mass.

Received and filed Oct. 13, 1939
....
(Registrar of City or Town where deceased resided)

WINTHROP MASS.
NOV-9 [illegible] AM
MARGIN RESERVED FOR BINDING

M R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 281

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Martha Etta Vinneau (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 8 Vine Ave Winthrop St., Ward, (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Stanley J. Vinneau (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 73 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10 Date deceased last worked at this occupation (month and year): July 1939
11 Total time (years) spent in this occupation: 45

12 BIRTHPLACE (City) (State or country): Vermont

PARENTS
13 NAME OF FATHER: (Unknown) Cushing
14 BIRTHPLACE OF FATHER (City) (State or country): Canada
15 MAIDEN NAME OF MOTHER: Matilda Connelly
16 BIRTHPLACE OF MOTHER (City) (State or country): Cannot be learned

17 Informant: Stanley J. Vinneau
(Address): 8 Vine Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress Jr. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/9/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Oct (Month) 8 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Septic Throat
Senility
Recent Fracture Right Femur

Said to have fallen accidentally to floor in home at Newton Mass about July-31-1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED? Newton
(Signed) Wm. J. Buckley, M. D.
(Address) Boston Date Oct 8 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Calvary (Cemetery) Concord N.H. (City or town)
DATE OF BURIAL: October 10 1939
22 NAME OF UNDERTAKER: John F. O'Malley
ADDRESS: Winthrop Mass.

Received and filed Oct. 9 1939
(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.* (*Tercentenary Edition.*)

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap.* 114, *Sec.* 46, *G. L.* (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap.* 38, *Sec.* 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap.* 38, *Sec.* 7.

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..........

....

....

....

....

....

....

NOTICE TO UNDERTAKERS: **No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.**—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 205

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 135 Main St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Angela Linita Cascieri
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 135 Main St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred — years — months — days. How long in U.S., if of foreign birth? — years — months — days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: F. / 4 COLOR OR RACE: W / 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single	18 DATE OF DEATH: October (Month) 8 (Day), 1939 (Year)
5a If married, widowed, or divorced HUSBAND of — (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from April —, 1939, to October 8, 1939. I last saw her alive on October 8, 1939, death is said to have occurred on the date stated above, at 11:15 P. m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Pyelo-nephritis (Date of Onset: 1935); Chronic nephritis with edema (9/1/39); Pulmonary edema (10/1/39)
7 AGE: 5 Years 11 Months 2 Days. If less than 1 day — Hours — Minutes	Contributory causes of importance not related to principal cause: Spina bifida
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — / 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. — / 10 Date deceased last worked at this occupation (month and year) — / 11 Total time (years) spent in this occupation —	Name of operation: Repair of spina bifida. Date of 1933. What test confirmed diagnosis? — Was there an autopsy? no
12 BIRTHPLACE (City) (State or country): Boston - Mass.	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify
PARENTS: 13 NAME OF FATHER: Tito CASCIERI	(Signed) Arthur C. Murray, M. D.
14 BIRTHPLACE OF FATHER (City) (State or country): Italy	(Address) Winthrop, Mass. Date 10/8 1939
15 MAIDEN NAME OF MOTHER: LENA PASCUCCI	21 Winthrop — Winthrop. Place of Burial, Cremation or Removal (City or Town)
16 BIRTHPLACE OF MOTHER (City) (State or country): Boston - Mass.	DATE OF BURIAL 10-11-39
17 Informant: Lena ~~Pascucci~~ Cascieri (Relation if any: Mother) (Address) 135 Main St. - Winthrop	22 NAME OF FUNERAL DIRECTOR: [illegible] ADDRESS Cambridge 39
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childs (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 10/9/39 (Date of Issue of Permit)	Received and filed Oct. 9, 1939 (Registrar)

…tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.i.

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45., G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'33. No. 9321-a

M R-301 A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 206

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 31 North Ave. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Daniel John Sullivan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 31 North Ave. Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 3 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): widowed.

5a If married, widowed, or divorced HUSBAND of Mary Jane Bernes (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. caretaker
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. State M.D.C.
10 Date deceased last worked at this occupation (month and year) Feb 1935
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Boston (State or country)

PARENTS
13 NAME OF FATHER Daniel Sullivan
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Jones
16 BIRTHPLACE OF MOTHER (City) (State or country) England

17 Informant Mary Spillaine — daughter
(Address) 31 North Ave. Winthrop.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/10/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. (Month) 9 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sept 1, 1939 to Oct 9, 1939
I last saw him alive on Oct. 7, 1939, death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset IMPORTANT
Coronary Embolism

Contributory causes of importance not related to principal cause:
Arterio sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) Winthrop Date 10/9 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Oct. 11. 1939

22 NAME OF UNDERTAKER Murray + Murray J. Vincent Murray
ADDRESS 259 Beach St. Revere

Received and filed 19
(Registrar)

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example

EXTRACTS FROM THE LAWS OF THE
COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**

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...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 207

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 1 Washington Terrace ~~St.~~ Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Gerogianna (Prior) Hamilton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 1 Washington Terrace ~~St.~~ Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 30 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Walter Hamilton (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 80 Years x Months 21 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year): Sept. 1939
11 Total time (years) spent in this occupation: 61

12 BIRTHPLACE (City) Duxbury
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER: George Prior
14 BIRTHPLACE OF FATHER (City): Duxbury
(State or country): Massachusetts
15 MAIDEN NAME OF MOTHER: Lydia Ann Sampson
16 BIRTHPLACE OF MOTHER (City): Duxbury
(State or country): Massachusetts

17 Informant: Estella H. Palmer — Relation, if any: (daughter)
(Address) 539 Sumner Ave Springfield Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/14/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: October (Month) 12 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1930, to October 12, 1939
I last saw her alive on October 12, 1939, death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	Sept 18 1939.
Contributory causes of importance not related to principal cause: Acute pulmonary oedema	Oct 12 1939

Name of operation: none — Date of: —
What test confirmed diagnosis? Clinical & laboratory — Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abjany M.D., M.D.
(Address) 562 Shirley St. Winthrop, Date Oct 13, 1939

21 Mayflower Cemetery Duxbury
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL October 14, 1939

22 NAME OF FUNERAL DIRECTOR: Charles R. Bennison
ADDRESS: Winthrop Mass

Received and filed ... 19...
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, bis supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled** [illegible]

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 208

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St. ..... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harris A. Cusick
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 26 Sagamore Ave. St., ... Ward, ... (If nonresident, give city or town and state)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... days. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Catherine McNamara (Give maiden name of wife in full)
(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 35 Years ..... Months ..... Days | If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steamship
10 Date deceased last worked at this occupation (month and year): Oct 10 1939
11 Total time (years) spent in this occupation: 15

12 BIRTHPLACE (City): Winthrop
(State or country): Mass

PARENTS
13 NAME OF FATHER: John F. Cusick
14 BIRTHPLACE OF FATHER (City): Boston
(State or country): Mass
15 MAIDEN NAME OF MOTHER: Mary Harris
16 BIRTHPLACE OF MOTHER (City): Boston
(State or country): Mass

17 Informant: Mrs. Edward Casey (Relation, if any: Sister)
(Address): 241 Cottage Pk. Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (?)
(Signature of Agent of Board of Health or other)
Health Officer — 10/17/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Oct (Month) 14 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1939, to Oct 14, 1939
I last saw him alive on Oct 14, 1939, death is said to have occurred on the date stated above, at 10^30 P m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
acute hepatitis	Oct 1
secondary anemia	Oct 5
broncho-pneumonia	Oct 13

Contributory causes of importance not related to principal cause: .....

Name of operation: no — Date of .....
What test confirmed diagnosis? no — Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Louis Cohen, M. D.
(Address) 108 Meridian St E.B. Date 10/15 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holyhood (Cemetery) Brookline (City or town)
DATE OF BURIAL: Oct. 17 1939

22 NAME OF UNDERTAKER: John H. O'Maley
ADDRESS: Winthrop

Received and filed Oct. 31 1939
..... (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws. Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m.9 '37. No. 1859

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 209

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 9 Crystal Cove Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Louise Bennett ~~Jones~~
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 9 Crystal Cove Avenue St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Newton
(State or country) Mass.

PARENTS
13 NAME OF FATHER Francis Bennett
14 BIRTHPLACE OF FATHER (City) Newton
(State or country) Mass.
15 MAIDEN NAME OF MOTHER Annie Tuskin
16 BIRTHPLACE OF MOTHER (City) Newton
(State or country) Mass.

17 Informant Thomas Jones (Relation, if any Uncle)
(Address) 9 Crystal Cove Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childers, D.
(Signature of Agent of Board of Health or other)
Health Officer 10/21/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 20 (Day) 1939 (Year)

19 I HEREBY CERTIFY, ~~That I attended deceased from~~ Discharged home from Lakeville 10/19, 1939
I last saw her alive on October 19, 1939, death is said to have occurred on the date stated above, at 3:45 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Tuberculosis of kidney (bilateral)	1937

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Rheumatic Heart Disease	1930

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur E. Murray, M. D.
(Address) Winthrop, Mass. Date 10/20 19 39

21 Winthrop Cem. Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Oct 22 1939 19

22 NAME OF FUNERAL DIRECTOR Kirby Bros.
ADDRESS 178 Bennington St E.Boston

Received and filed 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45., G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized dis**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080 F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 210

1 PLACE OF DEATH
Suffolk (County)
Winthrop, Mass. (City or Town)
No. Winthrop, Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Delia Baynes
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) No

(a) Residence. No. 62 Loring Rd St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 1 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years 8 Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10 Date deceased last worked at this occupation (month and year) 9
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Co. Mayo
(State or country) Ireland

PARENTS
13 NAME OF FATHER Anthony Baynes
14 BIRTHPLACE OF FATHER (City) Co. Mayo
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Mary Mc Nulty
16 BIRTHPLACE OF MOTHER (City) Co. Mayo
(State or country) Ireland

17 Informant William Baynes Relation, if any (Nephew)
(Address) 62-16 Loring Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 10/21/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 21 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 27, 1939, to October 21, 1939
I last saw her alive on October 20, 1939, death is said to have occurred on the date stated above, at 4:10 Am.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinoma of Rectum	1937

Contributory causes of importance not related to principal cause:

General carcinomatosis	1939

Name of operation Colostomy Date of March 1939
What test confirmed diagnosis? Clinical + Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams, M.D. M. D.
(Address) 562 Shirley St, Winthrop, Mass. Date Oct 21 1939

21 St. Francis Cem., Pawt., R.I.
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Oct. 23 1939

22 NAME OF UNDERTAKER McMurrough & Todd
ADDRESS 29 Fenner St., Prov., R.I.

Received and filed Oct 21 1939

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 211

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 7 Somerset Terrace St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Virginia (Allen) Mason
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 7 Somerset Terrace St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 38 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Frederick Mason (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 90 Years 10 Months 27 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Oct. 1939
11 Total time (years) spent in this occupation 70

12 BIRTHPLACE (City)
(State or country) England

PARENTS
13 NAME OF FATHER Charles Allen
14 BIRTHPLACE OF FATHER (City)
(State or country) England
15 MAIDEN NAME OF MOTHER Mary Gyngell
16 BIRTHPLACE OF MOTHER (City)
(State or country) England

17 Informant Colbert Mason (Relation, if any son)
(Address) 7 Somerset Terrace Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. B. Childers
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 10/28/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October (Month) 26 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 15, 1939, to October 26, 1939
I last saw her alive on October 25, 1939, death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Generalized arteriosclerosis	years
Hypertensive heart disease	years
Cardiac decompensation	2 months
Cerebral hemorrhage	10/23/39

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop, Mass. Date 10/26 1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL October 28, 1939

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 212

1 PLACE OF DEATH Suffolk (County)
Winthrop (City or Town)
No. 64 Cliff Ave Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Katherine F O. Hare
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 64 Cliff Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 7 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widow

5a If married, widowed, or divorced HUSBAND of Robert K. O. Hare
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 73 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Charlestown
(State or country) Mass

PARENTS
13 NAME OF FATHER Michael Murphy.
14 BIRTHPLACE OF FATHER (City) Cork
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Francis Sullivan
16 BIRTHPLACE OF MOTHER (City) Cork
(State or country) Ireland

17 Informant Ellen G Murphy (Sister) Relation, if any
(Address) 64 Cliff Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 10/28/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 26 39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Apr. 1938 to Oct. 26, 1939
I last saw her alive on Oct. 26, 1939, death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cancer of Stomach	38
Metastasis Liver apr	
Bronchitis	Oct. 22
Oedema of lung	26

Contributory causes of importance not related to principal cause:

Name of operation No Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. W. Strong, M. D.
(Address) 62 Monmouth Date Oct. 28/39

21 Mt Auburn Cem Watertown
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Oct 30 1939

22 NAME OF FUNERAL DIRECTOR J. F. McGlinchey
ADDRESS 583 Broadway Chelsea

Received and filed 19
(Registrar)

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account ot the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

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9.—The industry or business in which the work was done.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

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R-301

in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

FLORIDA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Pinellas

NON RESIDENT COPY

State File No. 9465

Precinct (Write name, not number) or Inc. Town or City St Petersburg — City or Town No. — Registered No. 479

6 No. Suwannee Hotel St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 5 mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Harriet A Whitney

(a) Residence: No. 90 Cottage Ave St., Ward Winthrop, Mass. (Usual place of abode) (If nonresident, give city or town and State)

20

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. Single, married, widowed or divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Charles H Whitney

6. DATE OF BIRTH (month, day and year): April 22, 1865

7. AGE: Years 74, Months 0, Days 14. If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Dec 6, 1938

11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Booth

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Charles H Whitney (Address): Winthrop, Mass

18. ~~XXXXXXXXXXXX~~ REMOVAL Place Winthrop, Mass Date May 6th 1939

19. UNDERTAKER (Address): Baynards Inc St Petersburg By J W Baynard

20. FILED May 6 1939 W. A. ... Local Registrar. EK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from January, 1938, to May 6th, 1939

I last saw her alive on May 5th, 1939, death is said to have occurred on the date stated above, at 4:00A m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Coronary Thrombosis	5/4/39
Hypertensive Heart Disease	10 years

Contributory causes of importance not related to principal cause: —

Name of operation none Date of ___

What test confirmed diagnosis? E.K.G. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ___

(Signed) H. Milton Rogers M.D.

958 (Address) 205 - First Federal Bldg.

RECEIVED
WINTHROP MASS
NOV 15 1900 AM

Florida State Board of Health

~~The Commonwealth of Massachusetts~~
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
~~CERTIFICATE OF DEATH~~

State File # 9465
(~~City or town making returns~~) 213
Registered No. 479

1 PLACE OF DEATH
Pinellas (County)
St Petersburg (City or Town)
No. Suwannee Hotel St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Harriet A Whitney (If U. S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 90 Cottage Ave. St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years 5 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4 COLOR OR RACE White | 5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
WIFE of Charles H. Whitney (Husband's name in full)

IF STILLBORN, enter that fact here.

AGE 74 Years 0 Months 14 Days (April 22, 1865) | If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10 Date deceased last worked at this occupation (month and year) Dec 6, 1938 | 11 Total time (years) spent in this occupation 44

BIRTHPLACE (City) (State or country) England

13 NAME OF FATHER Booth

14 BIRTHPLACE OF FATHER (City) (State or country) England

15 MAIDEN NAME OF MOTHER Unknown

16 BIRTHPLACE OF MOTHER (City) (State or country) England

Informant Charles H. Whitney (Relation, if any --)
Address Winthrop, Mass.

~~I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:~~

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH May (Month) 6 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January, 1938 to May 6th, 1939
I last saw her alive on May 5th, 1939, death is said to have occurred on the date stated above, at 4:00 Am.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Coronary Thrombosis	5/4/39
Hypertensive Heart Disease	10 yrs.

Contributory causes of importance not related to principal cause: ---

Name of operation None Date of
What test confirmed diagnosis? E.K.G. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. Milton Rogers, M. D.
(Address) 205 First Federal Bldg. Date 19 --

21 Winthrop, Mass. May 6th, 1939
XXXXXXXXXXXXXXX or Removal (City or Town)
DATE OF BURIAL ----- 19

22 NAME OF FUNERAL DIRECTOR Baynards Inc St Petersburg
ADDRESS By L. W. Baynard

Received and filed May 6, 1939
Wm. M. Davis (Registrar)

A TRUE COPY ATTEST: E.K.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

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GOVERNING THE RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall nave been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass Memorial Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return)
Registered No. 8766 211

2 FULL NAME ---Greenstein
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 190 Shore Drive St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days — If less than 1 day: 2 Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Boston

PARENTS
13 NAME OF FATHER: Everett H Greenstein
14 BIRTHPLACE OF FATHER (City) (State or country): Russia
15 MAIDEN NAME OF MOTHER: Sally Cohen
16 BIRTHPLACE OF MOTHER (City) (State or country): Boston

17 Informant (Address) — Relation if any ( )

A TRUE COPY.
ATTEST: (Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Sept 22/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 9/22/39 19 , to 19 , I last saw h in alive on 9/22/39 19 , death is said to have occurred on the date stated above, at 12.25a m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

prematurity-5mos

Contributory causes of importance not related to principal cause:

bilateral atelectasis-virtually complete

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address) C A Powell Date 19
Mass.Mem.Hosp 9/22/39

21 Place of Burial, Cremation or Removal Mt Lebanon Beth El (City or Town)
DATE OF BURIAL 10/15/39 19

22 NAME OF UNDERTAKER J H Levine
ADDRESS Boston

Received and filed 10/17/39 19
(Registrar of City or Town where deceased resided)

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WINTHROP, MASS.
NOV 29 [illegible] AM

FORM R-305

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

BOSTON
(City or town making return)
Registered No. 215 (8422)

1 PLACE OF DEATH
SUFFOLK (County)
BOSTON (City or Town)
No. Boston City Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jason Wein
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 23 Coral Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 19 Years 6 Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. elevator opr
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) 10/39
11 Total time (years) spent in this occupation 1

12 BIRTHPLACE (City) (State or country) Boston

PARENTS
13 NAME OF FATHER Louis Wein
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Gertrude Bloom
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston

17 Informant (Address) — Relation, if any (father)

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 2/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully)

multiple injuries including fractured ribs-pelvis-femur-humerus-fibrula

20 If death was due to external causes (VIOLENCE) fill in the following:
Accident, Suicide or Homicide? XXXXXX
Date of Injury 10/2/39 19
Where did Injury occur? Boston (City or town and State)
Manner of Injury crushed in elevator well
Nature of Injury
Was there an autopsy?

21 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) T Leary, M. D.
(Address) Boston Date 10/2/39 19

22 Place of Burial, Cremation or Removal. Moses Montifiore-Woburn (City or Town)
DATE OF BURIAL 10/3/39 19

23 NAME OF UNDERTAKER J H Levine
ADDRESS Boston

Received and filed 10/4/39 19
Ronald S. McLeod
(Registrar of City or Town where deceased resided)

25m.11.'36. No. 9080.h

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NOV 29 1938 AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

Danvers (City or town making return)
Registered No. 216

2 FULL NAME Frank Eigabroadt
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 15 Sturgis St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): married

5a If married, widowed, or divorced HUSBAND of Lillie Harris
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 70 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. bookkeeper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Syracuse, (State or country) New York

PARENTS
13 NAME OF FATHER Walter Eigabroadt
14 BIRTHPLACE OF FATHER (City) New York, (State or country) N.Y.
15 MAIDEN NAME OF MOTHER Helen Woodruff
16 BIRTHPLACE OF MOTHER (City) New York, (State or country) N.Y.

17 Informant Mary R. McPhillips
(Address) DSH
Relation, if any ( )

A TRUE COPY.
ATTEST: [illegible]
(Registrar of city or town where death occurred)
DATE FILED 10/17/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH October 12, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Sep. 29, 1939, to Oct. 12, 1939
I last saw him alive on Oct. 12, 1939 death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Bronchopneumonia "Primary"	11/11/39
Chronic myocarditis	1936
Generalized arteriosclosis	1934

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Myor Asekoff, M. D.
(Address) DSH Date 10/14/39

21 Cambridge Cambridge
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 10/14/39 19

22 NAME OF UNDERTAKER David Fudge & Son
ADDRESS Somerville

Received and filed 19
[illegible]
(Registrar of City or Town where deceased resided)

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R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 757 2117

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Mass General Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James J Sheerin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) World

(a) Residence. No. 451 Winthrop St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Louise Dolan (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 48 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. pipe fitter
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp
10 Date deceased last worked at this occupation (month and year) 10/39
11 Total time (years) spent in this occupation 15

12 BIRTHPLACE (City) Boston (State or country)

PARENTS
13 NAME OF FATHER Patrick Sheerin
14 BIRTHPLACE OF FATHER (City) Ireland (State or country)
15 MAIDEN NAME OF MOTHER Susan Sheehy
16 BIRTHPLACE OF MOTHER (City) Ireland (State or country)

17 Informant Frances Monti
(Address)
Relation, if any (sister)

A TRUE COPY.
ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 13/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 10/8/39, 19 to 10/13/39, 19
I last saw him alive on 10/13/39, 19, death is said to have occurred on the date stated above, 3.10p m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
dissect.aneurism of the aorta with rupture of the pericardial cavity	5dys

Contributory causes of importance not related to principal cause:

coronary heart dis.	1yr

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) N C Baker, M. D.
(Address) Mass Gen.Hosp Date 10/14/39 19

21 Place of Burial, Cremation or Removal Winthrop-Winthrop (City or Town)
DATE OF BURIAL 10/16/39 19

22 NAME OF UNDERTAKER J F O'Maley
ADDRESS Winthrop

Received and filed 10/17/39 19
Ronald S. McFarland
(Registrar of City or Town where deceased resided)

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M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts

OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
(County) ....
(City or Town) ....
No. Mass Memorial Hosp St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return) ....
Registered No. 8996 218

2 FULL NAME Gerald Jenkins
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ....

(a) Residence. No. 51 Ingleside Ave St., ... Ward, ... Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred .... yrs. .... mos. .... days. How long in U. S., if of foreign birth? .... yrs. .... mos. .... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of Amelia M Swift
(Give maiden name of wife in full)
(or) WIFE of ....
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 66 Years 1 Months 14 Days — If less than 1 day .... Hours .... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. plumbing Inspector
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Town Winthrop
10 Date deceased last worked at this occupation (month and year) 10/39
11 Total time (years) spent in this occupation 10

12 BIRTHPLACE (City) .... (State or country) England

PARENTS
13 NAME OF FATHER Henry Jenkins
14 BIRTHPLACE OF FATHER (City) .... (State or country) England
15 MAIDEN NAME OF MOTHER Martha Mallinsoon
16 BIRTHPLACE OF MOTHER (City) .... (State or country) England

17 Informant (Address) .... Relation, if any (wife)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED .... 19....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 21/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 10/20/39, 19...., to 10/21/39, 19....
I last saw him alive on 10/21/39, 19...., death is said to have occurred on the date stated above, at 5.55pm.

The principal cause of death and related causes of importance in order of onset were as follows: — Date of onset

ax gangrenous appendicitis with opr therefor — 10/39
localized peritonitis — "

Contributory causes of importance not related to principal cause:
bilateral br pneumonia — 10/20/39
chr pyelonephritis — 1937

Name of operation appendectomy Date of 10/29/39
What test confirmed diagnosis? .... Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? ....
If so, specify ....
(Signed) C A Powell, M. D.
(Address) Mass Mem.Hosp Date 10/22/39

21 Place of Burial, Cremation or Removal Winthrop-Winthrop (City or Town)
DATE OF BURIAL 10/24/39 19....

22 NAME OF UNDERTAKER C R Bennison
ADDRESS Winthrop

Received and filed 10/25/39 19....
[signature]
(Registrar of City or Town where deceased resided)

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M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
Suffolk (County)
Boston (City or Town)
No. Boston City Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

BOSTON (City or town making return)

Registered No. 9954 219

2 FULL NAME Julia Lavelle
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 145 Somerset Ave St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days | If less than 1 day Hours Minutes

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10 Date deceased last worked at this occupation (month and year) 8/39

11 Total time (years) spent in this occupation —

12 BIRTHPLACE (City) (State or country) Clifton Springs NY

13 NAME OF FATHER Peter Lavelle

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER --- Cavanaugh

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant (Address) Mrs Ida McDermott
Relation, if any (Niece)

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct 23/39
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 7/3/39, 19 , to 10/23/39, 19
I last saw h— alive on ----, 19 , death is said to have occurred on the date stated above, at 1.30p m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset

art.scler.heart dis. with
auricular fibrillation — 1 yr
decompensation-cardiac asthma

Contributory causes of importance not related to principal cause:
art.scler.gangrene — 12 wks

Name of operation ampt.rt leg-mid thigh — stump 9/9/39 skin graft 1
Date of 8/2/39 9/9/39 10 13/39
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J V Sacchetti, M. D.
(Address) City Hosp Date 10/23/39

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 10/23/39 19

22 NAME OF UNDERTAKER F F Hill
ADDRESS Everett

Received and filed 10/26/39 19
[signature]
(Registrar of City or Town where deceased resided)

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R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 220

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 258 Court Road St., XX Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Emily Lurenda (Brewster) Newton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 258 Court Road St., XX Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 50 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) ....
(or) WIFE of Edward Bartlett Newton (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 86 Years 2 Months 22 Days. If less than 1 day ..... Hours ..... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10 Date deceased last worked at this occupation (month and year) Sept. 1939
11 Total time (years) spent in this occupation 65

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Daniel Brewster
14 BIRTHPLACE OF FATHER (City) Tamworth
(State or country) New Hampshire
15 MAIDEN NAME OF MOTHER Sarah Marden
16 BIRTHPLACE OF MOTHER (City) Portsmouth
(State or country) New Hampshire

17 Informant Allen E. Newton (Relation, if any: son)
(Address) 258 Court Rd. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. L. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation)
11/3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 1 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Mar 14, 1929, to Nov 1, 1939
I last saw her alive on Nov 1, 1939, death is said to have occurred on the date stated above, at 2:25 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Chronic myocarditis	Mar. 14. 1929

Contributory causes of importance not related to principal cause: ....

Name of operation none Date of ....
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Nov 2 1939

21 Woodlawn Cemetery Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 3, 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ....19....
[illegible signature]
(Registrar)

100m 11-'36. No. 9080-F

Statement of occupation. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death. Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 221

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 105 Ocean View ~~St.~~ St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Alfred Roberts
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran specify WAR)

(a) Residence. No. 105 Ocean View St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 54 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of Jane Margaret McDonald
(Give maiden name of wife in full)

(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 54 Years 1 Months 21 Days — If less than 1 day ... Hours ... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motor man

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston, Revere Beach & Lynn RR

10 Date deceased last worked at this occupation (month and year) Nov. 1939

11 Total time (years) spent in this occupation 36

12 BIRTHPLACE (City) East Boston
(State or country) Massachusetts

PARENTS

13 NAME OF FATHER Hugh William Roberts

14 BIRTHPLACE OF FATHER (City) Liverpool
(State or country) England

15 MAIDEN NAME OF MOTHER Margaret Edwards

16 BIRTHPLACE OF MOTHER (City) Liverpool
(State or country) England

17 Informant Ann Jane Roberts — Relation, if any (sister)
(Address) 105 Ocean View St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm D. Childress
(Signature of Agent of Board of Health or other)

Health Officer
(Official Designation)

11/9/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 7 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1939, to Nov 7, 1939.

I last saw him alive on Nov 7, 1939, death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Angina Pectoris	Nov 4 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of

What test confirmed diagnosis? absent Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Raymond B Parker, M. D.

(Address) Winthrop Mass Date Nov 9 1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)

DATE OF BURIAL November 10 1939

22 NAME OF UNDERTAKER Charles R. Bennison

ADDRESS Winthrop Mass

Received and filed ... 19...

[illegible] McLeod
(Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. ....

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 169 Cottage Pk. Road St., ... Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary M. Burke Hayes
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) 222

(a) Residence. No. 169 Cottage Pk. Rd. St., ... Ward, ...
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred ...... years ...... months ...... days. How long in U.S., if of foreign birth? ...... years ...... months ...... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of ...... (Give maiden name of wife in full)
(or) WIFE of Thomas J. Hayes (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years ...... Months ...... Days ...... If less than 1 day ...... Hours ...... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) Oct 1939
11 Total time (years) spent in this occupation 45

12 BIRTHPLACE (City) Middleton
(State or country) Conn.

PARENTS
13 NAME OF FATHER John Burke
14 BIRTHPLACE OF FATHER (City) ......
(State or country) Connecticut
15 MAIDEN NAME OF MOTHER Catherine Conway
16 BIRTHPLACE OF MOTHER (City) ......
(State or country) Connecticut

17 Informant Eileen Hayes (Relation, if any: Daughter)
(Address) 169 Cottage Pk. Rd

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/9/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 7 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1939, to Nov. 7, 1939
I last saw her alive on Nov. 7, 1939, death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral hemorrhage	[illegible]

Contributory causes of importance not related to principal cause:

Myocarditis	1 yr.

Name of operation ...... Date of ......
What test confirmed diagnosis? ...... Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ......
(Signed) C. [illegible] Mahoney, M. D.
(Address) 4 Washington [illegible] Date 11/7 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov 10 1939

22 NAME OF FUNERAL DIRECTOR John F. O'Maley
ADDRESS Winthrop

Received and filed ...... 19...
[illegible] S. McLeod (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the hoard of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the hoard of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has heen sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to he huried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and hy the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

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N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 223

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Laura Bell (Wood) Sears
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 30 Orlando Avenue St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 25 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of John Sears (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 58 Years 10 Months 14 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10 Date deceased last worked at this occupation (month and year): Sept. 1939
11 Total time (years) spent in this occupation: 25

12 BIRTHPLACE (City) Baltimore
(State or country) Maryland

PARENTS
13 NAME OF FATHER Arthur Wood
14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country)
15 MAIDEN NAME OF MOTHER Annie — Unable to obtain maiden name
16 BIRTHPLACE OF MOTHER (City)
(State or country) Unable to obtain

17 Informant John H. Sears (Relation, if any: son)
(Address) 24 Orlando Ave Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. P. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/10/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 8 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from October 5, 1939, to November 8, 1939
I last saw her alive on November 8, 1939, death is said to have occurred on the date stated above, at ~~7.30~~ 8:10 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Pyo-Hydro-Nephritis	Oct. 4. 1939.

Contributory causes of importance not related to principal cause:

Name of operation Nephrotomy Date of Nov-1-39
What test confirmed diagnosis? Operation Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edward J. Granger, M. D.
(Address) 200 Washington Ave. Date Nov. 9 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Greenlawn (Cemetery) Salem Mass (City or town)
DATE OF BURIAL November 12 1939

22 NAME OF UNDERTAKER Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed 19
[signature] (Registrar)

As per amended 1/16

100m-12-'34. No. 2938-f

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence....*Gen. Laws, Chap. 38, Sec. 6.*

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap. 38, Sec. 7.*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap. 114, Sec. 46, G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 224

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 56 Sagamore Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William T. Dunn
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 56 Sagamore Ave. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 77 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Custodian
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Works Dep'T
10 Date deceased last worked at this occupation (month and year) June 1925
11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Boston
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Walter F.
14 BIRTHPLACE OF FATHER (City) Halifax
(State or country) Nova Scotia
15 MAIDEN NAME OF MOTHER Jane Flynn
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant Hannah Doherty Relation, if any ( )
(Address) 56 Sagamore Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer 11/9/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 8 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from June, 1939, to November, 1939
I last saw him alive on November 5, 1939, death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Generalized arteriosclerosis	years
Chronic myocarditis	years

Contributory causes of importance not related to principal cause:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop, Mass. Date 11/9 1939

21 Holy Cross Malden Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 10 1939

22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop Massachusetts

Received and filed 19
[illegible signature]
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 225

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 35 Washington Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Augustus De Cort
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 35 Washington Ave. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 18 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of Winifred G. Golden (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proprietor
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry Supplies
10 Date deceased last worked at this occupation (month and year) Nov. 1939
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Cambridge
(State or country) Mass.

PARENTS
13 NAME OF FATHER Augustus J. De Cort
14 BIRTHPLACE OF FATHER (City) —
(State or country) France
15 MAIDEN NAME OF MOTHER Annis M. Swiney
16 BIRTHPLACE OF MOTHER (City) —
(State or country) Nova Scotia

17 Informant Thos. F. Golden Relation, if any (Bro. in law)
(Address) 35 Washington Ave, Win.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Will. D. Childress Jr. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/10/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 9 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December, 1938, to November 9, 1939
I last saw him alive on November 8, 1939, death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Hypertension	
Chronic myocarditis	1937
Congestive heart failure	1938

Contributory causes of importance not related to principal cause:

Name of operation none Date of —
What test confirmed diagnosis? — Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Arthur C. Murray, M. D.
(Address) Winthrop, Mass. Date 11/9 1939

21 Wyoming, Melrose
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 12, 1939

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St, E.B.

Received and filed 19
Ronald S. McLeod (Registrar)

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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100m-12-'35. No. 6156F

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 225

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 93 Court Rd. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary E. Kelley
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 93 Court Rd. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Daniel Kelley (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 92 Years Months — Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year) Yrs.
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Ireland

PARENTS
13 NAME OF FATHER Daniel McLaughlin
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland
15 MAIDEN NAME OF MOTHER Unknown
16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mrs Mary Maynes (Relation, if any: Niece)
(Address) 91 Court Rd Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress, Jr. (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/11/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 10 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1939, to Nov 10, 1939.
I last saw her alive on Nov 10, 1939, death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Broncho-pneumonia	Nov 1, 1939
Contributory causes of importance not related to principal cause:	
Myocarditis	Sept 1939
Senility	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Louis F. Salerno, M. D.
(Address) 175 Pleasant St Date Nov 10 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov 12 1939

22 NAME OF UNDERTAKER John P Costello
ADDRESS Boston Mass

Received and filed 19
Donald S. McLeod
(Registrar)

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

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RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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100m.9.'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 227

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Justin Cronin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 170 Washington Ave. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 27 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 27 Years Months Days — If less than 1 day Hours Minutes
OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Telephone Co.
10 Date deceased last worked at this occupation (month and year): October 1939
11 Total time (years) spent in this occupation: 2 Mos
12 BIRTHPLACE (City): Winthrop (State or country): Massachusetts
PARENTS
13 NAME OF FATHER: Eugene
14 BIRTHPLACE OF FATHER (City): East Boston (State or country): Massachusetts
15 MAIDEN NAME OF MOTHER: Emma Bernier
16 BIRTHPLACE OF MOTHER (City): Quebec (State or country): Canada
17 Informant: Eugene Cronin (Relation, if any: father)
(Address): 170 Washington Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/14/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 12 (Day) 1939 (Year)
19 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1939, to Nov. 12, 1939
I last saw him alive on Nov. 12, 1939, death is said to have occurred on the date stated above, at 2.45 P m.
The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset IMPORTANT
Acute T.B. Meningitis — Oct 15
Contributory causes of importance not related to principal cause:
Name of operation Date of
What test confirmed diagnosis? Lab. Was there an autopsy? Yes
20 Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) C. J. Mahoney, M. D.
(Address) Winthrop, Mass. Date 11/13 1939
21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 15 1939
22 NAME OF FUNERAL DIRECTOR John F. O'Malley
ADDRESS Winthrop, Massachusetts
Received and filed Dec 7 19
Donald S. McLeod (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

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Example

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R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 228

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 114 Lincoln St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Arthur Webster Menchin
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 114 Lincoln St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 40 yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Ella G Dyer (Per marriage Record) (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 7 Months 25 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Winthrop Fire Dept
10 Date deceased last worked at this occupation (month and year) 1939
11 Total time (years) spent in this occupation 33

12 BIRTHPLACE (City) Woburn (State or country) Massachusetts

PARENTS
13 NAME OF FATHER John Menchin
14 BIRTHPLACE OF FATHER (City) Unable to obtain (State or country) Unable to obtain
15 MAIDEN NAME OF MOTHER Mary E. Webster
16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country) Unable to obtain

17 Informant Ella G. Menchin (Relation, if any: wife)
(Address) 114 Lincoln St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Aylward (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/15/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 12 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 8, 1939, to November 12, 1939, I last saw him alive on November 11, 1939, death is said to have occurred on the date stated above, at 11:45 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset (IMPORTANT)
Acute Coronary Thrombosis	Nov 12/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Angina Pectoris	Nov. 7/39

Name of operation none Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Geo. ? Adams, M. D.
(Address) 22 Pauley St Date Nov 14 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Winthrop (Cemetery) Winthrop (City or town)
DATE OF BURIAL November 15, 1939

22 NAME OF UNDERTAKER Charles R. Bennsion
ADDRESS Winthrop Mass

Received and filed 19
Donald S. McLeod (Registrar)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-12-'34. No. 2938-f

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write ***housework*** in answer to Question 8 and ***own home*** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as ***housekeeper—private family, cook—hotel***, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employe," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L., (Tercentenary Edition.)*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 229

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 16 Pleasant St., St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William F. Edgar
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 16 Pleasant St., St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 52 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Harriett Albee Edgar (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 69 Years 9 Months 2 Days — If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milk
10 Date deceased last worked at this occupation (month and year) 2-39
11 Total time (years) spent in this occupation 40

12 BIRTHPLACE (City) East Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER Thomas Edgar
14 BIRTHPLACE OF FATHER (City)
(State or country) Scotland
15 MAIDEN NAME OF MOTHER Sarah Mooney
16 BIRTHPLACE OF MOTHER (City)
(State or country) Maine

17 Informant Mrs. Harriett A. Edgar (Relation, if any: Wife)
(Address) 16 Pleasant St., Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer — 11/16/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 14 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1939, to Nov 14, 1939
I last saw him alive on Nov 13, 1939, death is said to have occurred on the date stated above, at 4.15 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Hypertensive Coronary Disease — Date of Onset (IMPORTANT): 3 yrs

Contributory causes of importance not related to principal cause:
unknown

Name of operation — Date of —
What test confirmed diagnosis? physician Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify D. D. Nalchajian
(Signed) D. D. Nalchajian, M. D.
(Address) 5 Nichols St. Date 11/16 1939.

21 South Gardner Maine (11/14/39)
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Nov. 17, 1939

22 NAME OF FUNERAL DIRECTOR Richard W. White
ADDRESS 147 Winthrop St., Winthrop

Received and filed ... 19...
Ronald S. McLeod
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS FROM THE LAWS OF THE
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-37. No. 1859-h.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 230

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Station Hospital, Fort Banks, St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(If U. S. War Veteran specify WAR) CCC -

2 FULL NAME Patrick J. Finneran
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 31 Iffley Road St., Ward, Jamaica Plain, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single	18 DATE OF DEATH: November (Month) 16 (Day) 1939 (Year)

5a If married, widowed, or divorced HUSBAND of ...... (Give maiden name of wife in full)
(or) WIFE of ...... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 21 Years 4 Months 5 Days. If less than 1 day ...Hours ...Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CCC
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC
10 Date deceased last worked at this occupation (month and year) February 24, 1939.
11 Total time (years) spent in this occupation Unknown

12 BIRTHPLACE (City) Unknown
(State or country) Mass *New Hampshire*

PARENTS
13 NAME OF FATHER Unknown *Patrick J.*
14 BIRTHPLACE OF FATHER (City) Unknown
(State or country) Unknown *Boston Mass*
15 MAIDEN NAME OF MOTHER Unknown *Mary Murphy*
16 BIRTHPLACE OF MOTHER (City) Unknown
(State or country) Unknown *Ireland.*

17 Informant Registrar, Sta. Hosp. Ft. Banks, Mass. *Kathleen Finneran* Relation, if any
(Address) *31 Iffley Rd J.P.*

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Children
(Signature of Agent of Board of Health or other)
H.O. (Official Designation) *Nov 16/39* (Date of Issue of Permit)

19 I HEREBY CERTIFY, That I attended deceased from November 2, 1939, to November 16, 1939
I last saw him alive on November 16, 1939, death is said to have occurred on the date stated above, at 4:55 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Sarcoma, Osteogenic, left tibia with Metastases all lobes of both lungs and left femur	May, 1939
Contributory causes of importance not related to principal cause: Fracture, simple, complete, spontaneous, neck of left femur	Oct. 14/39

Name of operation None Date of
What test confirmed diagnosis? X-Ray Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) *R. Inwood*, M. D.
(Address) R. R. Inwood, 1st Lt., M.C. Fort Banks, Mass. Date 19

21 *Mt. Benedict Boston Mass*
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL *Nov 20 (20) 1939* 19

22 NAME OF FUNERAL DIRECTOR Daniel L. Shea
ADDRESS 2193 Washington St., Jamaica Plain, Mass.

Received and filed *[signature]* 19

A TRUE COPY ATTEST. (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation**, the **sudden deaths of persons not disabled by recognized disease**, and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 231

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 44 Quincy Ave. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Eugenia Geraldine (Piccardo) Terrile
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 44 Quincy Ave. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Peter Terrile (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10 Date deceased last worked at this occupation (month and year) October 1939.
11 Total time (years) spent in this occupation 44

12 BIRTHPLACE (City) Philadelphia
(State or country) Pennsylvania

PARENTS
13 NAME OF FATHER Bartholomew Piccardo
14 BIRTHPLACE OF FATHER (City) Genoa
(State or country) Italy
15 MAIDEN NAME OF MOTHER Josephine Ratto
16 BIRTHPLACE OF MOTHER (City)
(State or country) Italy

17 Informant Darien Terrile Relation, if any (son)
(Address) 19 Wheelock St Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. S. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/20/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. (Month) 18 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 13, 1936, to Nov 18, 1939.
I last saw her alive on Nov 17, 1939, death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Angina Pectoris	May 13 1936

Contributory causes of importance not related to principal cause:

Chronic Myocarditis	Nov 8 1934

Name of operation None Date of
What test confirmed diagnosis? Observation Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Nov 19 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 21 1939. 19

22 NAME OF FUNERAL DIRECTOR John F O'Maley
ADDRESS Winthrop Massachusetts.

Received and filed 19
Ronald S. McLeod (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 232

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 887 Shirley St St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret F. O'Neill
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 887 Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F
4 COLOR OR RACE W
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced
HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of John P. O'Neill
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 57 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City)
(State or country) Ireland

PARENTS
13 NAME OF FATHER Patrick Murphy
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Catherine Shea
16 BIRTHPLACE OF MOTHER (City)
(State or country) Ireland

17 Informant John P. O'Neill (Address) Relation, if any (Husband)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or Other)
Health Officer 11/22/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November 20 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1939, to November 20, 1939, I last saw her alive on November 20, 1939, death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	Nov 20/39
Contributory causes of importance not related to principal cause:	
Arteriosclerosis	1939

Name of operation none Date of —
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? no
20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Jacob Strauss, M. D.
(Address) 562 Shirley St. Date Nov 21 1939

21 Old Calvary Boston
Place of Burial, Cremation, or Removal (City or Town)
DATE OF BURIAL Nov 23 1939 19

22 NAME OF FUNERAL DIRECTOR Kirby Bros
ADDRESS 178 Bennington St E Boston

Received and filed DEC 1 1939 19
(Registrar)

N. B.—Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . —GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 233

1 PLACE OF DEATH

~~Suffolk~~ (County)

~~Revere~~ Win (City or Town)

No. ~~Fairfield St~~ Winthrop Community Hosp. St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nancy Lopilato (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. Fairfield St Revere St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: F — 4 COLOR OR RACE: White — 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single	18 DATE OF DEATH: November (Month) 21 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939, to Nov. 21, 1939. I last saw her alive on Nov. 21, 1939, death is said to have occurred on the date stated above, at 1 20 Am.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT) Acute suppurative Apendicitis — Nov. 16 - 1939
7 AGE 17 Years Months Days — If less than 1 day Hours Minutes	
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. School — 10 Date deceased last worked at this occupation (month and year) — 11 Total time (years) spent in this occupation	Contributory causes of importance not related to principal cause: Broncho-pneumonia
12 BIRTHPLACE (City) (State or country) Chelsea Mass	Name of operation — Date of — What test confirmed diagnosis? — Was there an autopsy? no
PARENTS: 13 NAME OF FATHER Enrico Lopilato — 14 BIRTHPLACE OF FATHER (City) (State or country) Mirabella Italy — 15 MAIDEN NAME OF MOTHER Viola Palerino — 16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass.	20 Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) Pasquale [illegible], M. D. (Address) 31 Parmenter Boston Date 11/21 1939
17 Informant Enrico Lopilato (Relation, if any) (Father) (Address) Fairfield St Boston	21 Holy Cross Malden — Place of Burial, Cremation or Removal. (City or Town) — DATE OF BURIAL Nov 24 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Childress (Signature of Agent of Board of Health or other) — Health Officer (Official Designation) — 11/23/39 (Date of Issue of Permit)	22 NAME OF UNDERTAKER Michael Dello Russo — ADDRESS 28½ Prince St Boston — Received and filed DEC 10 1939 19 — [illegible] S McLeod (Registrar)

Left margin: N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

Revere Notified 12/12/39

100m 11-'36. No. 9080-F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 234

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 24 Beacon St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Thomas Mead Evans
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 24 Beacon St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 16 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mabel B. Lawson
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 58 Years 9 Months 25 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe factory
10 Date deceased last worked at this occupation (month and year) May 1939
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Dorchester
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Hugh Evans
14 BIRTHPLACE OF FATHER (City)
(State or country) Wales - England
15 MAIDEN NAME OF MOTHER Susan Wilder
16 BIRTHPLACE OF MOTHER (City) Hingham
(State or country) Massachusetts

17 Informant Mabel B. Evans (Relation, if any: wife)
(Address) 24 Beacon St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
11/23/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH November (Month) 21 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from May 21, 1939, to Nov. 21, 1939
I last saw him alive on Nov 20, 1939, death is said to have occurred on the date stated above, at 11.10 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Cancer of liver	Feb. 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible signature], M.D.
(Address) Winthrop Mass Date Nov 22 1939

21 Riverside Cemetery Saugus
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL November 24 1939

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed DEC 1 1939
[illegible signature]
(Registrar)

...should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37 No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-302

tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Cambridge (City or town making return)

Registered No. 149 235

1 PLACE OF DEATH
Middlesex (County)
Cambridge (City or Town)
No. Holy Ghost Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ethel Stokes Wallace
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) ---

(a) Residence. No. 45 Grover Ave., St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): M

5a If married, widowed, or divorced HUSBAND of ---
(Give maiden name of wife in full)
(or) WIFE of Herbert F. Wallace
(Husband's name in full)

6 IF STILLBORN, enter that fact here. ---

7 AGE 70 Years 1 Months 29 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10 Date deceased last worked at this occupation (month and year) ---
11 Total time (years) spent in this occupation --

12 BIRTHPLACE (City) Germantown,
(State or country) Penn.

PARENTS
13 NAME OF FATHER Charles Harvey Stokes
14 BIRTHPLACE OF FATHER (City) Germantown
(State or country) Penn.
15 MAIDEN NAME OF MOTHER Bettine Davis
16 BIRTHPLACE OF MOTHER (City) Wilmington,
(State or country) Delaware

17 Informant Herbert F. Wallace (Relation, if any: husband)
(Address) 45 Grover Ave., Winthrop

A TRUE COPY.
ATTEST: [signature]
(Registrar of city or town where death occurred)

DATE FILED Nov. 24, 1939 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 22, 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1939, to Nov. 22, 1939
I last saw her alive on Nov. 19, 1939, death is said to have occurred on the date stated above, at 4.30 A. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Chronic myocarditis	2 yrs.

Contributory causes of importance not related to principal cause:

Cause	Date of onset
Diabetes mellitus	1937

Name of operation None Date of --
What test confirmed diagnosis? None Was there an autopsy? No.

20 Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) John A. Fraser, M. D.
(Address) 396 Medford St., Som Date 11/22 1939

21 Wildwood - Winchester
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 24 1939

22 NAME OF UNDERTAKER Kelley & Hawes
ADDRESS 1 Elmwood Ave., Winchester

Received and filed [signature] 19
(Registrar of City or Town where deceased resided)

RECEIVED
WINTHROP, MASS.
DEC - 9 1938 AM

R-301 A

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

75m-5-'32. No. 5469

correc copy sent to and state House 3/2/40 2/28/40

Revere Notified 12/13/39

Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 236

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby Girl) ~~Fisher~~ FISHER
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 797 Winthrop Ave. Revere St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): —

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. stillborn

7 AGE Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER Henry J. ~~Fisher~~ FISHER
14 BIRTHPLACE OF FATHER (City) Boston
(State or country) Mass
15 MAIDEN NAME OF MOTHER Alice Harrington
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass

17 Informant Henry J. ~~Fisher~~ FISHER – father
(Address) 797 Winthrop Av. Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childers (Signature of Agent of Board of Health or other)
Health officer (Official Designation) 11/25/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 24 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov 24, 1939, to , 19
I last saw h alive on ?, 19 , death is said to have occurred on the date stated above, at dead in uteru 4-7 days – m.
The principal cause of death and related causes of importance in order of onset were as follows: | Date of Onset IMPORTANT
Stillborn
macerated fetus
Premature separation of placenta –

Contributory causes of importance not related to principal cause:
mother in auto accident Oct 14-1939 –

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes –

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank J. Sandler, M. D.
(Address) Revere Mass Date 11/24 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross (Cemetery) Malden (City or town)
DATE OF BURIAL Nov. 24 1939

22 NAME OF UNDERTAKER Murray & Murray J Vincent Murray
ADDRESS 254 Beach St Revere

Received and filed DEC 8 1939, 19
Donald S. McLeod (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L., as amended by Chap.* 48, *Acts of* 1927 *and Chap.* 414, *Acts of* 1931.

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

Funeral Home
54 Beach Street, Revere

Residence
20 Harrington Avenue

Funeral Parlor
9 Atlantic Avenue

MURRAY & MURRAY

J. Vincent Murray

.... Funeral Service ....

Telephone Revere 1127 - 1236

Feb26,1940.

Dear Sir;

Hereafter I will print. I apologize for the hand wring. The still borns name was Fisher that died on the 23rd of Nov.,1939., at the Winthrop Community Hospital.

Respectfully,

J.Vincent Murray

WINTHROP MASS.
FEB 27 1940 AM

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD
CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 237

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 126 Winthrop St. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Elizabeth M Harford Leonard
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 126 Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed or divorced HUSBAND of (or) WIFE of: William Leonard (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 93 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
10 Date deceased last worked at this occupation (month and year): Nov 1934
11 Total time (years) spent in this occupation: 60

12 BIRTHPLACE (City) (State or country): Ireland

PARENTS
13 NAME OF FATHER: Robert Harford
14 BIRTHPLACE OF FATHER (City) (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Margaret
16 BIRTHPLACE OF MOTHER (City) (State or country): Ireland

17 Informant: Margaret Brown (Relation, if any): (Daughter)
(Address): 126 Winthrop St

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 11/28/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Nov. (Month) 27 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1937, to Nov 27, 1939
I last saw her alive on Nov 26, 1939, death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Chronic Myocarditis	1935

Contributory causes of importance not related to principal cause:

Name of operation: none Date of
What test confirmed diagnosis? Stethoscope Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible] M. D.
(Address) 684 [illegible] Date Nov 27 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Nov. 29 1939

22 NAME OF FUNERAL DIRECTOR: John H. O'Maley
ADDRESS: Winthrop

Received and filed DEC 1 1939 19
[illegible signature]
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

100m-9-'30. No. 9954.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 238

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Memorial Hospital St. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward L. Gibbs (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran, specify WAR)

(a) Residence. No. 289 Meridian St., One Ward, E B (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 18 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Male; 4 COLOR OR RACE White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married	18 DATE OF DEATH November (Month) 29 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Nellie A. Sanders (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Nov 2, 1939, to Nov. 29, 1939. I last saw him alive on Nov. 29, 1939 death is said to have occurred on the date stated above, at 2A m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Acute Pulmonary Edema — Date of Onset 11/28/39
7 AGE 88 Years Months 12 Days. If less than 1 day Hours Minutes	
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Hanging &C.	
10 Date deceased last worked at this occupation (month and year) Aug 1912. 11 Total time (years) spent in this occupation 50 yrs	Contributory causes of importance not related to principal cause: Cerebral Hemorrhage — 11/2/39
12 BIRTHPLACE (City) Framingham (State or country) Mass	
PARENTS: 13 NAME OF FATHER Avert G. Gibbs	Name of operation Date of. What test confirmed diagnosis? Was there an autopsy? no
14 BIRTHPLACE OF FATHER (City) Sudbury (State or country) Mass	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify
15 MAIDEN NAME OF MOTHER Sarah Herring	(Signed) George H. Schwartz, M. D. (Address) 19 Bennington St EB Date 11/30 1939
16 BIRTHPLACE OF MOTHER (City) Framingham (State or country) Mass	21 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn (Cemetery) Everett (City or town). DATE OF BURIAL Dec 2 1939
17 Informant Wife Nellie A. Gibbs (Address) 289 Meridian St East Boston	22 NAME OF UNDERTAKER Frank E. Brown. ADDRESS East Boston
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm. D. Aldrich (Signature of Agent of Board of Health or other) Health Officer (Official Designation) 12/1/39 (Date of Issue of Permit)	Received and filed DEC 1 1939 19 [illegible signature] (Registrar)

12/2/37 Boston notified

Revised United States Standard Certificate of Death

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and **related** causes, the causes should be given in the order of onset, so that **in a** group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

EXTRACTS
FROM THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS GOVERNING THE
RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—*Chap.* 114, *Sec.* 45, *G. L., as amended.*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L. as amended.*

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

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(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 239

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. 71 Grover Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME: Joseph H. Dwelley (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U.S. War Veteran specify WAR)

(a) Residence. No. 71 Grover Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 15 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Mary M. Gillis (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 38 Years — Months — Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tools etc
10 Date deceased last worked at this occupation (month and year): Nov 1939
11 Total time (years) spent in this occupation: 20

12 BIRTHPLACE (City): Boston
(State or country): Mass

PARENTS
13 NAME OF FATHER: John F. Dwelley
14 BIRTHPLACE OF FATHER (City): Boston
(State or country): Mass
15 MAIDEN NAME OF MOTHER: Eliza Blundell
16 BIRTHPLACE OF MOTHER (City): Beverly
(State or country): Mass

17 Informant: Sarah Smith (sister) Relation, if any
(Address): 635 Bennington St E.B.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/1/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: November (Month) 29 (Day) 1939. (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 3, 1936, to November 29, 1939
I last saw him alive on November 29, 1939, death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Rheumatic Heart Disease	1930.
Contributory causes of importance not related to principal cause: Acute dilatation of heart	11/20/39

Name of operation: none. Date of —
What test confirmed diagnosis: clinical & laboratory. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D., M.D.
(Address) 562 Shirley St, Winthrop Mass. Date 11/29/1939

21 Winthrop — Winthrop
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL: Dec 1 1939

22 NAME OF FUNERAL DIRECTOR: Charles H. Tolman
ADDRESS: East Boston

Received and filed DEC 1 1939 19
Ronald S. McLeod (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 240

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 35 Sea Foam Ave Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Clara Petersiel
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 35 Sea Foam St. Ave. Ward Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 12 years months days. How long in U.S., if of foreign birth? 18 years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (give maiden name of wife in full) (or) WIFE of Nattian Petersiel (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 37 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Austria

PARENTS
13 NAME OF FATHER Morris Bein
14 BIRTHPLACE OF FATHER (City) (State or country) Austria
15 MAIDEN NAME OF MOTHER Charlotte Pearlmutter
16 BIRTHPLACE OF MOTHER (City) (State or country) Austria

17 Informant Herman Bein (Relation, if any) Brother
(Address) 35 Sea Foam Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued.
Wm. J. Childers (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/1/39 (Date of Issue of Permit)

18 DATE OF DEATH Nov (Month) 30 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from none, 19 , to , 19
I last saw her alive on none, 19 , death is said to have occurred on the date stated above, at 12 Noon
The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)
Natural Causes Probably
Acute Myocarditis — Nov 30, 1939
Contributory causes of importance not related to principal cause:
Hypertension — 1936.
Name of operation none Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Raymond B. Parker, M. D.
(Address) Winthrop Board of Health Date Dec 1 1939

21 Austrian Cem. Woburn Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec. 1 1939
22 NAME OF FUNERAL DIRECTOR Manuel Stanetsky
ADDRESS 10 Wash. St. Wor.
Received and filed DEC 1 1939 19
(Registrar)

Informant should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 241

1 PLACE OF DEATH

Suffolk (County)

Winthrop (City or Town)

No. 33 Hutchinson St St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Johanna Hurley Regan (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 33 Hutchinson St St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Widowed

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)

(or) WIFE of James Regan (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 76 Years Months Days. If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10 Date deceased last worked at this occupation (month and year) Aug 1939

11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Toledo (State or country) Ohio

PARENTS

13 NAME OF FATHER Michael Hurley

14 BIRTHPLACE OF FATHER (City) (State or country) Ireland

15 MAIDEN NAME OF MOTHER Ellen Crane

16 BIRTHPLACE OF MOTHER (City) (State or country) Ireland

17 Informant Mary Regan (Address) 33 Hutchinson St Relation, if any (Daughter)

I HEREBY CERTIFY, that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

Wm. D. Childress (Signature of Agent of Board of Health or other)

Health Officer (Official Designation) 12/4/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov (Month) 30 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938, to Nov. 30, 1939

I last saw h[er] alive on Nov. 29, 1939, death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset
Myocarditis	?

Contributory causes of importance not related to principal cause:

Arterio-sclerosis

! Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 72 [illegible] Date 12/2 1939

21 Holy Cross Malden Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 4 1939 19

22 NAME OF UNDERTAKER John F. O'Maley

ADDRESS Winthrop

Received and filed 1939 19

[illegible signature] (Registrar)

A TRUE COPY ATTEST:

Margin: ...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

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Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

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No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

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RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Fall River (City or town making return)

Registered No. 242

1 PLACE OF DEATH
Bristol (County)
Fall River (City or Town)
No. Union Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edward F. Harding (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 194 Somerset Ave St., Ward, Winthrop, Mass
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Wid,

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 72 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Time-keeper B&ARR
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10 Date deceased last worked at this occupation (month and year) 1935
11 Total time (years) spent in this occupation 50

12 BIRTHPLACE (City) Boston,
(State or country) Mass.

PARENTS
13 NAME OF FATHER ---------------
14 BIRTHPLACE OF FATHER (City) -----------
(State or country)
15 MAIDEN NAME OF MOTHER -----------------
16 BIRTHPLACE OF MOTHER (City) ------------
(State or country)

17 Informant Ruth B. Booth (Daughter)
(Address)

A TRUE COPY. Emile F. Bergeron
ATTEST:
(Registrar of city or town where death occurred)

DATE FILED Oct. 16, 1939 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Oct. 6, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1939, to Oct. 6, 1939
I last saw him alive on Oct. 6, 1939, death is said to have occurred on the date stated above, at 11.05 P. M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Uremia	?
Chronic Interstitial Nephritis	?

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. E. Wilson, Jr. , M. D.
(Address) Union Hospital, F.R. Date Oct 6, 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Grove, Dorchester
(Cemetery) (City or town)
DATE OF BURIAL Oct. 10. 1939

22 NAME OF UNDERTAKER C. K. Bennison
ADDRESS 170 Winthrop St., Winthrop, Mass

Received and filed 19

(Registrar of City or Town where deceased resided)

50m-9-'31. No. 3385-g

WINTHROP MASS.
DEC 15 [illegible] AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON (City or town making return)

Registered No. 9797

1 PLACE OF DEATH: SUFFOLK (County) BOSTON (City or Town)
No. Boston Lying In Hosp St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME --- Willott
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 243

(a) Residence. No. 188 Court Rd St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE .... Years .... Months .... Days | If less than 1 day .... Hours 2 .... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country) Boston

PARENTS
13 NAME OF FATHER: James Willott
14 BIRTHPLACE OF FATHER (City) (State or country): Springfield Ill.
15 MAIDEN NAME OF MOTHER: Elsie Sawyer
16 BIRTHPLACE OF MOTHER (City) (State or country): Boston

17 Informant (Address): B L I Hosp

A TRUE COPY. ATTEST: Philip P. Downey
(Registrar of city or town where death occurred)

DATE FILED .... 19....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Nov 18/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 11/15/39, 19...., to 11/18/39, 19...., I last saw him alive on 11/18/39, 19...., death is said to have occurred on the date stated above, at 12.22p m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

intra uterine asphyxia-pulmonary edema-aspiration of amniotic sac contents

Contributory causes of importance not related to principal cause:

Mother placenta praevia

Name of operation .... Date of ....
What test confirmed diagnosis? .... Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W W Knowlton, M. D.
(Address) 221 Longwood Ave Date 11/18/39 19

21 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Peter Cem. Chelsea (Cemetery) (City or town)
DATE OF BURIAL: 11/22/39 19

22 NAME OF UNDERTAKER: B F Faunce
ADDRESS: Chelsea

Received and filed 11/23/39 19

(Registrar of City or Town where deceased resided)

50m-9-'31. No. 3385-g

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JAN-2 1940 AM

R-301A

...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859 i.

Michael J. Hayes 12/5/39

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 70 Thornton Pk. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Annie F. Verdi
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ~~No~~

(a) Residence. No. 70 Thornton Pk. St., Ward, (Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 33 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of George W. Verdi (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE ~~69~~ 65. Years ... Months ... Days; If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own Home
10 Date deceased last worked at this occupation (month and year): Nov.39
11 Total time (years) spent in this occupation: 40 yrs

12 BIRTHPLACE (City): Boston
(State or country): Mass

PARENTS
13 NAME OF FATHER: Patrick Sullivan
14 BIRTHPLACE OF FATHER (City) ... (State or country): Ireland
15 MAIDEN NAME OF MOTHER: Ellen Regan
16 BIRTHPLACE OF MOTHER (City) ... (State or country): Ireland

17 Informant: George W. Verdi (Relation, if any: Husband)
(Address): 70 Thornton Pk, Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress, ?
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/2/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH ~~[illegible]~~ (Month) 1 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from September 2, 1939, to December 1, 1939
I last saw her alive on December 1, 1939, death is said to have occurred on the date stated above, at 1 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Coronary Thrombosis	1939
Contributory causes of importance not related to principal cause:	
Chronic Myocarditis	1937

Name of operation none Date of ...
What test confirmed diagnosis? Stethascope Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...
(Signed) Henry L Plummer, M. D.
(Address) 726 Saratoga St Boston Date Dec 1 1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 4 1939 19...

22 NAME OF FUNERAL DIRECTOR Michael J. Hayes
ADDRESS 158 Warren Ave, Whitman

Received and filed ... 19...
DEC 5 1939
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-12-'35. No. 6156E

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 245

1 PLACE OF DEATH: Suffolk (County); Winthrop (City or Town)

No. Winthrop Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby Girl) Lima (If deceased is a married, widowed or divorced woman, give also maiden name.) (If U. S. War Veteran specify WAR)

(a) Residence. No. 87 Revere St., Revere Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Female
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)	Single
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	
6 IF STILLBORN, enter that fact here.	Stillborn
7 AGE Years Months Days / If less than 1 day Hours Minutes	— — —
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	—
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	—
10 Date deceased last worked at this occupation (month and year)	—
11 Total time (years) spent in this occupation	—
12 BIRTHPLACE (City) (State or country)	Winthrop, Mass
13 NAME OF FATHER	John Lima
14 BIRTHPLACE OF FATHER (City) (State or country)	Italy
15 MAIDEN NAME OF MOTHER	Mary Belmonte
16 BIRTHPLACE OF MOTHER (City) (State or country)	Boston, Mass
17 Informant (Address)	John Lima, 87 Revere St, Revere (Relation, if any: father)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:

William D. Childers (Signature of Agent of Board of Health or other)

agent (Official Designation) 12/3/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH	
18 DATE OF DEATH (Month) (Day) (Year)	Dec 2 1939

19 I HEREBY CERTIFY, That I attended deceased from Dec 2, 1939, to —, 19 I last saw h— alive on —, 19, death is said to have occurred on the date stated above, at 11.40 P.m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of Onset

Macerated fetus — (Full Term!)

Contributory causes of importance not related to principal cause:

knot in cord + cord 5 times around fetus neck. ? dead 1 wk in mother

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank F. Sandler M. D.
(Address) Revere Mass Date 12/3 1939

21 St Michaels Boston
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 4 1939

22 NAME OF UNDERTAKER Joseph A. Egidio
ADDRESS 450 Cambridge St Camb.

Received and filed DEC 5 1939 19

A TRUE COPY ATTEST: (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall nave been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical exsminers shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certifioate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-I.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 245

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 174 Cottage Park Road ~~St.~~, Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Charles Henry Allen
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 174 Cottage Park Road ~~St.~~, Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 40 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Nellie Emeline Allen (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 75 Years 6 Months x Days. If less than 1 day .... Hours .... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Agent
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10 Date deceased last worked at this occupation (month and year) 1936
11 Total time (years) spent in this occupation 20

12 BIRTHPLACE (City) Fall River
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Charles Allen
14 BIRTHPLACE OF FATHER (City) Brookfield
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Julia M. Ayers
16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country) Maine

17 Informant Mrs. Nellie E. Allen Relation, if any (wife)
(Address) 174 Cottage Pk. Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. P. Childress M.D.
(Signature of Agent of Board of Health or other)
Health Officer 12/5/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec (Month) 2 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Feb 19, 1937, to Dec 2 1939
I last saw him alive on Dec 2, 1939, death is said to have occurred on the date stated above, at 12:20 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Carcinoma of Stomach and Liver	Feb 19 1939

Contributory causes of importance not related to principal cause:

Name of operation none Date of ....
What test confirmed diagnosis? Obvious Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Raymond B Parker, M. D.
(Address) Winthrop Mass Date Dec 4 1939

21 Aspen Grove Cemetery Ware Mass
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 5 1939

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed DEC 5 1939 19..........
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

RM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

Danvers
(City or town making return)

Registered No. 247

1 PLACE OF DEATH
Essex (County)
Danvers (City or Town)
No. Danvers State Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Fredrick Francis Stotz (If U. S. War Veteran, specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 1069 Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 7 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) married

5a If married, widowed, or divorced HUSBAND of Ville Boynton
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 71 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired shipper
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Boston
(State or country)

PARENTS
13 NAME OF FATHER --- Stotz
14 BIRTHPLACE OF FATHER (City) (State or country) Germany
15 MAIDEN NAME OF MOTHER ---- Whitman
16 BIRTHPLACE OF MOTHER (City) (State or country) Cannot be learned

17 Informant M. K. McPhillips
(Address) DSH
Relation, if any ( )

A TRUE COPY.
ATTEST: A Preston Chase
(Registrar of city or town where death occurred)

DATE FILED 12/3/39 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 2, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY. That I attended deceased from Nov. 25, 1939 to Dec. 2, 39
I last saw him alive on Dec. 2, 1939, death is said to have occurred on the date stated above 2.30P m.

The principal cause of death and related causes of importance in order of onset were as follows: | Date of onset
Bronchopneumonia "primary" Dec. 1939
Cerebral atrophy 1936

Contributory causes of importance not related to principal cause:

Name of operation Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Myer Asekoff, M. D.
(Address) DSH Date 12/3 39

21 Mt. Auburn Cambridge
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL 12/4/39 19

22 NAME OF UNDERTAKER Charles R. Bonnison
ADDRESS Winthrop

Received and filed 19

(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
JAN 11 1940 AM

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 248

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ralph Bancroft
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 19 Emerson Road St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 5 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed, or divorced HUSBAND of Beatrice Hunt (Give maiden name of wife in full)
(or) WIFE of .... (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 49 Years 8 Months 3 Days. If less than 1 day ..... Hours ..... Minutes
OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Office Executive
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: N. E. Power Co
10 Date deceased last worked at this occupation (month, year): Oct 16, 1939
11 Total time (years) spent in this occupation: 26 yrs
12 BIRTHPLACE (City): Millbury
(State or country): Mass. (L.)
PARENTS
13 NAME OF FATHER: Charles ~~A~~ Bancroft
14 BIRTHPLACE OF FATHER (City): Millbury
(State or country): Mass.
15 MAIDEN NAME OF MOTHER: Matilda Davidson
16 BIRTHPLACE OF MOTHER (City): Millbury
(State or country): Mass.
17 Informant: Mrs Ralph Bancroft — Relation, if any: Wife
(Address): 19 Emerson Rd. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/7/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: December (Month) 6 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from November 1, 1939, to December 6, 1939
I last saw him alive on December 6, 1939, death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Coronary Thrombosis	Dec 6/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Congestive Heart Disease	Nov 1939
Hypertension	1939

Name of operation: none Date of ....
What test confirmed diagnosis? clinical laboratory Was there an autopsy? No
20 Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) Jacob Abrams, M. D.
(Address) 562 Shirley St Winthrop Mass Date 12/6/39

21 Mt. Pleasant Arlington
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 9, 1939
22 NAME OF FUNERAL DIRECTOR: L. E. A. Smith
ADDRESS: 792 Mass. Ave Arlington.
Received and filed DEC 11 1939 19..........
(Registrar)

As per Mrs. Bancroft

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 249

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 58 Brookfield Rd., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary T. Ronan
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 58 Brookfield Rd. Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): single

5a If married, widowed, or divorced HUSBAND of
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 67 Years — Months — Days; If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school teacher
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired
10 Date deceased last worked at this occupation (month and year) Jan. 1937
11 Total time (years) spent in this occupation 47

12 BIRTHPLACE (City) Boston
(State or country) Mass.

PARENTS
13 NAME OF FATHER Jeremiah F. Ronan
14 BIRTHPLACE OF FATHER (City)
(State or country) Ireland
15 MAIDEN NAME OF MOTHER Margaret Doherty
16 BIRTHPLACE OF MOTHER (City) Boston
(State or country) Mass.

17 Informant Agnes Ronan (Relation, if any: sister)
(Address) 58 Brookfield Rd.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health officer
(Official Designation) 12/9/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 6 (Month) (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Jan 1936, to Dec 6th 1939
I last saw her alive on Dec 6 1939, death is said to have occurred on the date stated above, at 9:15 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:
Myocarditis — Hypertensive Heart disease — Date of Onset (IMPORTANT): 1936

Contributory causes of importance not related to principal cause:
Arteriosclerosis —

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible] Date — 19

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec. 9, 1939

22 NAME OF FUNERAL DIRECTOR Michael J. Vosella
ADDRESS 10 No. Bennet St., Boston

Received and filed DEC 11 1939 19
(Registrar)

V

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

To be filed for burial permit with Board of Health or its Agent.

STANDARD CERTIFICATE OF DEATH

Registered No. 350

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME ~~(Stillborn)~~ Davis
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 75 Bay View Ave. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here. Stillborn

7 AGE ... Years ... Months ... Days | If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ----------
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----------
10 Date deceased last worked at this occupation (month and year) ------
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass

PARENTS
13 NAME OF FATHER: Arthur N. Davis
14 BIRTHPLACE OF FATHER (City): Somerville
(State or country): Mass
15 MAIDEN NAME OF MOTHER: Dorothy Pottle
16 BIRTHPLACE OF MOTHER (City): Brunswick
(State or country): Me.

17 Informant: Arthur N Davis (Relation, if any: Father)
(Address): 75 Bay View Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. J. Childress, Jr.
(Signature of Agent of Board of Health or other)
Health Officer
(Official Designation)
12/9/39
(Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Dec. (Month) 7 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from on Dec. 7, 1939, to ———, 19
I last saw h— alive on ———, 19—, death is said to have occurred on the date stated above, at — m. —
The principal cause of death and related causes of importance in order of onset were as follows:
Died in utero uterus
General infarcted placenta
Date of Onset IMPORTANT —

Contributory causes of importance not related to principal cause:

Name of operation ... Date of ...
What test confirmed diagnosis? ——— Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Edward J. Granger, M. D.
(Address) 200 Washington Av. Date Dec. 8 – 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec. 11 1939

22 NAME OF FUNERAL DIRECTOR: John F. O'Maley
ADDRESS: Winthrop

Received and filed DEC 11 1939
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

FORM R-303 B

N. B.—WRITE PLAINLY, WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. MEDICAL EXAMINERS should state CAUSE AND MANNER OF DEATH in plain terms, so that it may be properly classified under the International Classification of Causes of Death. See reverse side for extracts from the laws relative to the return of certificates of death.

5m-12-'34. No. 2938-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 251

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Julia Balduzzi
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 8 Prescott St. East Boston St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Luigi Balduzzi (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 65 Years — Months — Days. If less than 1 day ...Hours ...Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
10 Date deceased last worked at this occupation (month and year): —
11 Total time (years) spent in this occupation: —

12 BIRTHPLACE (City) (State or country): Italy

PARENTS
13 NAME OF FATHER: Ferdinando Marasca
14 BIRTHPLACE OF FATHER (City) (State or country): Italy
15 MAIDEN NAME OF MOTHER: Adelaida De Filippo
16 BIRTHPLACE OF MOTHER (City) (State or country): Italy

17 Informant: Elena Balduzzi (daughter)
(Address): 411 Frankfort St. E. Boston

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: 3637

(Signature of Agent of Board of Health or other)

(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: December (Month) 8 (Day) 1939 (Year)

19 I HEREBY CERTIFY that I have investigated the death of the person above-named and that the CAUSE AND MANNER thereof are as follows: (If an injury was involved, state fully.)
Septicemia due to Osteomyelitis of Left Tibia:
Recent Fractures Left Tibia & Lt. Fibula
accidental
Pedestrian
Said to have been injured by an auto at E. Boston on Oct 26-1939

(See reverse side for description for unknown person)

20 IN WHAT CITY OR TOWN WAS INJURY SUSTAINED: Boston

(Signed) Wm. J. Brickley, M. D.
(Address) Boston Date Dec. 8 1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Cemetery) Malden (City or town)

DATE OF BURIAL Dec. 10 1939

22 NAME OF UNDERTAKER: Tataj Rakino
ADDRESS 9 Chelsea St. E. Boston

Received and filed ... 19...

(Registrar)

EXTRACTS

FROM THE LAWS OF THE

COMMONWEALTH OF MASSACHUSETTS

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death....*Gen. Laws, Chap. 46, Sec. 9.*

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap. 114, Sec. 45, G. L. (Tercentenary Edition.)*

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....—*Chap. 114, Sec. 46, G. L. (Tercentenary Edition.)*

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. If a medical examiner has notice that there is within his county the body of such a person, he shall forthwith go to the place where the body lies and take charge of the same;...—*General Laws, Chap. 38, Sec. 6.*

...He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death. —*General Laws, Chap. 38, Sec. 7.*

...The medical examiner certifies the cause and manner of death to the best of his knowledge and belief.

RULES OF PRACTICE

The fulfilment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

STATEMENT OF CAUSE OF DEATH

Medical Examiners in certifying to a death will state the cause and *manner* thereof, and will specify: (1) Under *cause*, the nature of an injury and of its consequences; and (2) under *manner*, the mode of its production together with the circumstances when these are known. For example: "Compound fracture of the femur with ensuing septicemia (gas bacillus) caused by a steam railway accident." "Pistol shot wound of the chest with associated hemorrhage, homicidal." "Asphyxiation by suspension, suicidal." "Syncope while under the influence of ether administered as a surgical anæsthetic." "Fracture of the skull with associated internal injury sustained under circumstances unknown."

If disease or injury was related to occupation, specify. If investigation shows the death to have been due to *disease*, specify: (1) Under *cause*, its known or presumable nature; and (2) under *manner*, indicate the circumstances leading to medico-legal inquiry. For example: "Hemorrhage spontaneous, of the brain (basal ganglia) (found dead in bed)." "Heart disease, presumably coronary sclerosis. (Sudden death.)"

DESCRIPTION (for unknown person)..

....

....

....

....

....

....

NOTICE TO UNDERTAKERS: No embalming fluid, or any substitute therefor, shall be injected into the body of any person supposed to have met his death by violence, until a permit, signed by the Medical Examiner, has first been obtained.—*General Laws, Chap. 38, Sec. 14.*

THIS CERTIFICATE CONSTITUTES SUCH PERMIT

R-301A

Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Age should be stated EXACTLY. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 29 Plummer Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 252

2 FULL NAME Betty (Anderson) Larson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 29 Plummer Ave ~~Winthrop~~ St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 39 years months days. How long in U.S., if of foreign birth? 49 years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Carl Larson (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 74 Years 1 Months 5 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. At. Home
10 Date deceased last worked at this occupation (month and year) --
11 Total time (years) spent in this occupation 44

12 BIRTHPLACE (City)
(State or country) -- ~~Swedan~~ Sweden

PARENTS
13 NAME OF FATHER Peter Anderson
14 BIRTHPLACE OF FATHER (City)
(State or country) ~~Swedan~~ Sweden
15 MAIDEN NAME OF MOTHER ~~Laurens~~ Larson ok
16 BIRTHPLACE OF MOTHER (City)
(State or country) ~~Sweden~~ Sweden

17 Informant Laura G Larson (Relation, if any: Daughter)
(Address) 29 Plummer Ave Winthrop Mass.

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Eldredge D.
(Signature of Agent of Board of Health or other)
Health Officer 12/12/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 9 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1936, to Dec 9, 1939
I last saw her alive on Dec 8, 1939, death is said to have occurred on the date stated above, at 5:30 A.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Chronic Myocarditis	Dec. 31. 1936

Contributory causes of importance not related to principal cause:

Name of operation none Date of
What test confirmed diagnosis Observation Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) R. B. Parker M.D., M. D.
(Address) Winthrop Mass Date Dec 12 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 12 1939 19

22 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed 19
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 253

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Community Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edwin Luther Moore
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 28 Pico Avenue ~~St.~~, Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 49 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married
5a If married, widowed, or divorced HUSBAND of Marietta S. White (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)
6 IF STILLBORN, enter that fact here.
7 AGE 75 Years 8 Months 27 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commercial artist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
10 Date deceased last worked at this occupation (month and year) 1936
11 Total time (years) spent in this occupation 35

12 BIRTHPLACE (City) Lynn
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER Luther D. Moore
14 BIRTHPLACE OF FATHER (City) Newburyport
(State or country) Massachusetts
15 MAIDEN NAME OF MOTHER Susan (Maiden name unknown)
16 BIRTHPLACE OF MOTHER (City) Unable to obtain
(State or country)

17 Informant Marietta S. W. Moore (wife) Relation, if any
(Address) 28 Pico Ave. Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress (Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/13/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. (Month) 11 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1939, to Dec. 11, 1939. I last saw him alive on Dec. 10, 1939, death is said to have occurred on the date stated above, at 7.55 a.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Arteriosclerosis	1929

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
Coronary occlusion	Nov 13, 39
Lobar Pneumonia	Dec 8, 39
Gangrene of left foot.	

Name of operation [illegible] amputation of leg Date of Dec 8, 39.
What test confirmed diagnosis? Clinical. Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lydia W. Dickinson, M. D.
(Address) Winthrop, Mass. Date 12-12 1939.

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 13, 1939

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ... 19...
(Registrar)

This blank is furnished in accordance with law ... statement of OCCUPATION are very important. Date of onset and exact statement of occupation, in plain terms, so that it may be properly classified. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

(City or town making return)

Registered No. 231

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 210 Somerset Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Margaret Mary Bennett
(If deceased is a married, widowed or divorced woman, give also maiden name)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 210 Somerset ave. St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX: Female	4 COLOR OR RACE: White	5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 38 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank
10 Date deceased last worked at this occupation (month and year) May 1938
11 Total time (years) spent in this occupation 18

12 BIRTHPLACE (City) Boston
(State or country) Mass

PARENTS
13 NAME OF FATHER John E. Bennett
14 BIRTHPLACE OF FATHER (City) East Boston
(State or country) Mass
15 MAIDEN NAME OF MOTHER Ellen J. Collison
16 BIRTHPLACE OF MOTHER (City) Sydney
(State or country) N.S.

17 Informant Ellen J. ~~Collison~~ Bennett (Relation, if any Mother)
(Address) 210 Somerset Ave

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D. Childress, D.
(Signature of Agent of Board of Health or other)
Health Officer 12/12/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH 12 (Month) 11 (Day) 39 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 4/28, 1938, to 12/11, 1939.
I last saw her alive on 12/11, 1939, death is said to have occurred on the date stated above, at 12 — m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset
Spindle cell Sarcoma of Ovaries	?

Contributory causes of importance not related to principal cause:

Ellen ? Lungs	12/7/39

Name of operation Exploratory lap abdomen Date of 5/?/38
What test confirmed diagnosis? Biopsy Was there an autopsy?

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry ? ?, M. D.
(Address) Winthrop Date 12/12 1939

21 Winthrop Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 13 1939

22 NAME OF UNDERTAKER John H. O'Maley
ADDRESS Winthrop

Received and filed DEC 14 1939

A TRUE COPY ATTEST: (Registrar)

to ? ? M.D.

100m-12-'35. No. 6156E

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

Chelsea (City or town making return)

Registered No. 255

1 PLACE OF DEATH
Suffolk (County)
Chelsea (City or Town)
No. U.S.Marine Hospital,Chelsea,Mass St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME George F.Waite
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 84 Lowell Road St. Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred yrs. mos. 3 days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Edith Brown (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 8 Months 26 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pilot
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Eureka,
(State or country) California

PARENTS
13 NAME OF FATHER Horace Waite
14 BIRTHPLACE OF FATHER (City) Calais,
(State or country) Maine
15 MAIDEN NAME OF MOTHER Julia Washburn
16 BIRTHPLACE OF MOTHER (City) Calais,
(State or country) Maine

17 Informant From hospital records
(Address) John W.Trask,Medical Director
Relation, if any ( )

A TRUE COPY.
ATTEST: Joseph A. Tyrrell
(Registrar of city or town where death occurred)
DATE FILED Dec. 14, 1939

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 12, 1939
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1939 to Dec. 12, 1939
I last saw him alive on Dec. 12, 1939, death is said to have occurred on the date stated above, at 12.05 P.M.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of onset)

Cardiac disease,Cardiorenal vascular — Over 1 year ago.

Contributory causes of importance not related to principal cause:

Cardiac disease,arrhythmia,bundle branch block,left — Over 1 year ago.
Hypertension,arterial — year ago

Name of operation ... Date of ...
What test confirmed diagnosis? clinical — Was there an autopsy? no

20 Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Wm.H.Meyer, M. D.
(Address) U.S.Marine Hosp. Date 12/12 1939

21 Place of Burial, Cremation or Removal: Mt.Auburn — Cambridge (City or Town)
DATE OF BURIAL 19

22 NAME OF UNDERTAKER C.R.Bennison
ADDRESS 170 Winthrop St.,Winthrop,Mass

Received and filed 19
(Registrar of City or Town where deceased resided)

RECEIVED

OFFICE OF TOWN CLERK
WINTHROP, MASS.

JAN 10 1940 AM

R-301A

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m.9.'37. No 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 253

1 PLACE OF DEATH: Suffolk (County)
Winthrop (City or Town)
No. Winthrop Comm. Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Nellie S. Ayer (Decombe) (If U.S. War Veteran specify WAR)
(If deceased is a married, widowed or divorced woman, give also maiden name.)

(a) Residence. No. 176 Woodside Ave St., Ward, (Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Female
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word)	Widow
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)	
(or) WIFE of (Husband's name in full)	William J. Ayer
6 IF STILLBORN, enter that fact here.	
7 AGE	79 Years Months Days; If less than 1 day Hours Minutes
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Housewife
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.	At Home
10 Date deceased last worked at this occupation (month and year)	Dec 1939
11 Total time (years) spent in this occupation	40
12 BIRTHPLACE (City)	Plymouth
(State or country)	England
13 NAME OF FATHER	Thomas Decombe
14 BIRTHPLACE OF FATHER (City)	Devonshire
(State or country)	England
15 MAIDEN NAME OF MOTHER	Not Known
16 BIRTHPLACE OF MOTHER (City)	
(State or country)	England
17 Informant	Mrs Doris Ayer. Relation, if any (Daughter in law)
(Address)	176 Woodside Ave. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
W M D Scheldrees (Signature of Agent of Board of Health or other)
HO. at (Official Designation) Dec. 15/39. (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 13 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 5, 1939, to December 13, 1939, I last saw her alive on December 13, 1939, death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Confluent Broncho-Pneumonia	Dec. 1939
Contributory causes of importance not related to principal cause:	
Chronic Myocarditis	1938
Atherosclerosis	1938

Name of operation none Date of
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? Yes.

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams M.D. M. D.
(Address) 562 Shirley St. Winthrop, Mass Date 12/14/1939.

21 Woodlawn Everett
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 15 1939

22 NAME OF FUNERAL DIRECTOR Albert F. Douglass
ADDRESS 242 Wash. Ave. Chelsea

Received and filed DEC 15 1939 19

(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 257

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. Winthrop Hospital St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME (Baby) Thurston
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 150 Crescent Ave. St., Ward, Revere
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE Years Months Days — If less than 1 day 5 Hours 30 Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) Winthrop
(State or country) Mass.

PARENTS
13 NAME OF FATHER: Franklin Thurston
14 BIRTHPLACE OF FATHER (City) Medford
(State or country) Mass.
15 MAIDEN NAME OF MOTHER: Amy Tatten
16 BIRTHPLACE OF MOTHER (City) Malden
(State or country) Mass.

17 Informant Franklin Thurston (Relation, if any: Father)
(Address) 150 Crescent ave Revere

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Ghilbreas
(Signature of Agent of Board of Health or other)
Bd. of H. — Dec 22/39
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec. 17 1939 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 16, 1939, to Dec 17, 1939
I last saw him alive on Dec 17, 1939, death is said to have occurred on the date stated above, at 1:20 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Atelectasis	12-16-39
Prematurity	12-16-39

Contributory causes of importance not related to principal cause:

Name of operation none Date of —
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John F. Collins, M. D.
(Address) Revere Mass Date 12-17 1939

21 Woodlawn Everett
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL Dec 21 1939 19

22 NAME OF FUNERAL DIRECTOR Richard H. White
ADDRESS 147 Winthrop St. Winthrop

Received and filed 19
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 253

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 Siren St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edwin Lyman Lougee
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 15 Siren St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 52 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED or DIVORCED (write the word) Married

5a If married, widowed, or divorced HUSBAND of Mollie Louisa Haggerston
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 79 Years 5 Months 3 Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Met. Sewerage Dept
10 Date deceased last worked at this occupation (month and year) 1930
11 Total time (years) spent in this occupation 23

12 BIRTHPLACE (City) Roxbury
(State or country) Massachusetts

PARENTS
13 NAME OF FATHER George Washington Lougee
14 BIRTHPLACE OF FATHER (City) Unable to obtain
(State or country) New Hampshire
15 MAIDEN NAME OF MOTHER Sarah Elizabeth Stevens
16 BIRTHPLACE OF MOTHER (City) Charlestown
(State or country) Massachusetts

17 Informant Mrs. Mollie H. Lougee (Relation, if any: Wife)
(Address) 15 Siren St Winthrop Mass

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/20/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 18 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from January 10, 1930, to December 18, 1939,
I last saw him alive on December 18, 1939, death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance in order of onset were as follows: (Date of Onset IMPORTANT)

Cerebral Hemorrhage 12/15/39

Contributory causes of Importance not related to principal cause:
Arteriosclerosis 1930
Senility 1935

Name of operation none Date of —
What test confirmed diagnosis? clinical & laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Abrams, M. D.
(Address) 562 Shirley St Winthrop, Mass Date 12/19/1939

21 Winthrop Cemetery Winthrop
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL December 20 1939

22 NAME OF FUNERAL DIRECTOR Charles R. Bennison
ADDRESS Winthrop Mass

Received and filed ......19....
(Registrar)

V

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation, the sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 259

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 32 Irwin St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Benjamin Walter Earle
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) ....

(a) Residence. No. 32 Irwin St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 10 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: Dec. (Month) 18 (Day) 1939. (Year)
5a If married, widowed, or divorced HUSBAND of Ella Melissa Fogg (Give maiden name of wife in full) (or) WIFE of .... (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1939, to Dec. 18, 1939. I last saw him alive on Dec. 18, 1939, death is said to have occurred on the date stated above, at 10.45 P.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Generalized arteriosclerosis — Date of Onset (IMPORTANT): 1929.
7 AGE 80 Years 1 Months 24 Days. If less than 1 day ....Hours ....Minutes	
OCCUPATION: 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Satationary Engineer. 9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationery. 10 Date deceased last worked at this occupation (month and year) 1927. 11 Total time (years) spent in this occupation 10	Contributory causes of importance not related to principal cause:
12 BIRTHPLACE (City) Peabody (State or country) Massachusetts	Name of operation: none. Date of: ✓. What test confirmed diagnosis? clinical. Was there an autopsy? ✓
PARENTS: 13 NAME OF FATHER Benjamin Proctor Earle. 14 BIRTHPLACE OF FATHER (City) Meredith (State or country) New Hampshire. 15 MAIDEN NAME OF MOTHER Sarah Curtis. 16 BIRTHPLACE OF MOTHER (City) Unable to obtain (State or country)	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify ..... (Signed) Gardner W. Dickinson, M. D. (Address) Winthrop Mass. Date 12/19 1939.
17 Informant Mrs. Ella M. Earle (Relation, if any: wife) (Address) 32 Irwin St Winthrop Mass	21 Cedar Grove Cemetery Peabody — Place of Burial, Cremation or Removal (City or Town). DATE OF BURIAL December 21, 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William B. Childress (Signature of Agent of Board of Health or other). Health Officer (Official Designation). 12/28/39 (Date of Issue of Permit)	22 NAME OF FUNERAL DIRECTOR Charles R. Bennison. ADDRESS Winthrop Mass. Received and filed .... 19..... (Registrar)

...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	**Date of Onset**
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
....	....
....	....
Contributory causes of importance not related to principal cause:	
....	....
....	....
....	....

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859-i.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 269

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 278 Winthrop St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Henry Creighton
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 278 Winthrop St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 50 years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH: Dec. (Month) 19 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Mary Jane Whittington (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from Dec 14, 1939, to Dec 19, 1939. I last saw him alive on Dec 19, 1939, death is said to have occurred on the date stated above, at 10 P m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: Coronary Thrombosis — Date of Onset (IMPORTANT): Dec 14, 1939
7 AGE 77 Years 5 Months 9 Days; If less than 1 day ...Hours ...Minutes	
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor	
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boston Revere Beach & Lynn rr	
10 Date deceased last worked at this occupation (month and year) Oct. 1938; 11 Total time (years) spent in this occupation 54	Contributory causes of importance not related to principal cause:
12 BIRTHPLACE (City) Charlestown (State or country) Massachusetts	
PARENTS 13 NAME OF FATHER John Henry Creighton	
14 BIRTHPLACE OF FATHER (City) (State or country) England	Name of operation none Date of; What test confirmed diagnosis? Was there an autopsy?
15 MAIDEN NAME OF MOTHER Alice Hornsby	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify
16 BIRTHPLACE OF MOTHER (City) (State or country) England	(Signed) Louis F. Salerno, M. D. (Address) 175 Pleasant St. Date Dec 20 1939
17 Informant Mrs. Mary J. Creighton (Relation, if any: wife) (Address) 278 Winthrop St Winthrop Mass	21 Winthrop Cemetery Winthrop — Place of Burial, Cremation or Removal (City or Town). DATE OF BURIAL December 22, 1939
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: Wm D Childress (Signature of Agent of Board of Health or other); H.D. (Official Designation); Dec. 22/39 (Date of Issue of Permit)	22 NAME OF FUNERAL DIRECTOR Charles R. Bennison; ADDRESS Winthrop Mass
	Received and filed 19 (Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45., G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 261

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 60 Quincy Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME James Joseph Grady
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR) World

(a) Residence. No. 60 Quincy Ave St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male · 4 COLOR OR RACE: White · 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married	18 DATE OF DEATH December (Month) 22 (Day) 1939 (Year)
5a If married, widowed, or divorced HUSBAND of Catherine E. Boylan (Give maiden name of wife in full) (or) WIFE of (Husband's name in full)	19 I HEREBY CERTIFY, That I attended deceased from June, 1937, to December, 1939, I last saw him alive on December 21, 1939, death is said to have occurred on the date stated above, at 7:30 A.m.
6 IF STILLBORN, enter that fact here.	The principal cause of death and related causes of importance in order of onset were as follows: — Date of Onset (IMPORTANT)
7 AGE 66 Years Months Days · If less than 1 day Hours Minutes	Hypertension — 1937
OCCUPATION 8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector	Cerebral Hemorrhage — 12/19/39
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. State of Mass	Contributory causes of importance not related to principal cause:
10 Date deceased last worked at this occupation (month and year) Dec 10 1939 · 11 Total time (years) spent in this occupation 30	
12 BIRTHPLACE (City) Boston (State or country) Mass	Name of operation none Date of — What test confirmed diagnosis? — Was there an autopsy? no
PARENTS 13 NAME OF FATHER Stephen Grady	20 Was disease or injury in any way related to occupation of deceased? no If so, specify
14 BIRTHPLACE OF FATHER (City) (State or country) Ireland	(Signed) Arthur C. Murray, M. D.
15 MAIDEN NAME OF MOTHER Mary A. Glancy	(Address) Winthrop Mass Date 12/22 1939
16 BIRTHPLACE OF MOTHER (City) (State or country) Boston Mass	21 Winthrop Winthrop Place of Burial, Cremation or Removal (City or Town) DATE OF BURIAL Dec. 24 1939
17 Informant Catherine E. Grady (Wife) Relation, if any (Address) 60 Quincy Ave	22 NAME OF FUNERAL DIRECTOR John P. O'Maley ADDRESS Winthrop
I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued: William D. Childress (Signature of Agent of Board of Health or other) Agent (Official Designation) 12/23/39 (Date of Issue of Permit)	Received and filed 19 (Registrar)

...should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 262

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 18 - Dolphin St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Samuel Davidson
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 18 - Dolphin St., Ward, ~~Winthrop~~
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred years months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced HUSBAND of Rachael M. Burnes
(Give maiden name of wife in full)
(or) WIFE of
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 55 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Himself
10 Date deceased last worked at this occupation (month and year) Dec 22 1939
11 Total time (years) spent in this occupation 4 yrs

12 BIRTHPLACE (City) (State or country) Russia

PARENTS
13 NAME OF FATHER David Jacob Davidson
14 BIRTHPLACE OF FATHER (City) (State or country) Russia
15 MAIDEN NAME OF MOTHER Dobie (Cannot be learned)
16 BIRTHPLACE OF MOTHER (City) (State or country) Russia

17 Informant David J Davidson Relation, if any (Son)
(Address) 18 Dolphin Ave Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm D Childress
(Signature of Agent of Board of Health or other)
H.O. Asst (Official Designation) Dec. 22/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 22nd (Month) (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from Dec 22 1939, to Dec 22 1939
I last saw him alive on Dec 22, 1939, death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset IMPORTANT
Cerebral Hemorrhage	Dec 22, 39

Contributory causes of importance not related to principal cause:

Arteriosclerosis	?

Name of operation Date of
What test confirmed diagnosis? Clinical Signs Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred Davidson, M. D.
(Address) Chelsea Date 12/22 1939

21 Ohel Jacob Cem Woburn Mass
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec 24th 1939

22 NAME OF UNDERTAKER Manuel Stanley
ADDRESS 10 - West St.

Received and filed 19
(Registrar)

tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m 11-'36. No. 9080 F

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

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information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions and extracts from the laws on back of certificate.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. 283

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 50 - Pearl Ave St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Rachael Levine
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 50 - Pearl Ave St., Ward, Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred 5 yrs. mos. days. How long in U. S., if of foreign birth? 50 yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Joseph Levine (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 64 Years Months Days — If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10 Date deceased last worked at this occupation (month and year)
11 Total time (years) spent in this occupation

12 BIRTHPLACE (City) (State or country): Russia

PARENTS
13 NAME OF FATHER: Israel Levine (Correct name)
14 BIRTHPLACE OF FATHER (City) (State or country): Russia
15 MAIDEN NAME OF MOTHER: Sarah Camm... (Correct name)
16 BIRTHPLACE OF MOTHER (City) (State or country): Russia

17 Informant: Jeanette Sherman Relation, if any: Daughter
(Address) 44 - Underhill St. Winthrop

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childress Jr.
(Signature of Agent of Board of Health or other)
Health Officer (Official Designation) 12/28/39 (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December (Month) 27 (Day) 1939 (Year)

19 I HEREBY CERTIFY, That I attended deceased from December 26, 1939, to December 27, 1939

I last saw her alive on December 27, 1939, death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of Onset (IMPORTANT)
Acute Coronary Thrombosis	12/26/39

Contributory causes of importance not related to principal cause:

Arteriosclerosis	1937

Name of operation: none Date of —
What test confirmed diagnosis: clinical & laboratory Was there an autopsy? No

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jacob Strauss M.D. M. D.
(Address) 562 Shirley St Date 12/27/1939

21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Agudath Achim Cem. (Cemetery) Woburn (City or town)
DATE OF BURIAL: Dec 28th 1939

22 NAME OF UNDERTAKER: Maurice Stanetsky
ADDRESS: 10 - Wash. St. Dor.

Received and filed 19

(Registrar)

100m-12-'34. No. 2938-f

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death.... *Gen. Laws, Chap.* 46, *Sec.* 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health, or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require. — *Chap.* 114, *Sec.* 45, *G. L.*, (*Tercentenary Edition.*)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence.... *Gen. Laws, Chap.* 38, *Sec.* 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—*Gen. Laws, Chap.* 38, *Sec.* 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made....*Chap.* 114, *Sec.* 46, *G. L.*, (*Tercentenary Edition.*)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from disease **resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

R-301A

...tion should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Date of onset and exact statement of OCCUPATION are very important. See instructions and extracts from the laws on back of certificate.

100m-9-'37. No. 1859.

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

To be filed for burial permit with Board of Health or its Agent.

Registered No. [illegible]

1 PLACE OF DEATH
Suffolk (County)
Winthrop (City or Town)
No. 15 George St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Catherine F. McCarthy (Barry)
(If deceased is a married, widowed or divorced woman, give also maiden name)
(If U. S. War Veteran specify WAR)

(a) Residence. No. 15 George St., Ward,
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred 14 years 6 months days. How long in U.S., if of foreign birth? years months days.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of —
(or) WIFE of Charles McCarthy
(Give maiden name of wife in full) (Husband's name in full)

6 IF STILLBORN, enter that fact here. —

7 AGE 81 Years — Months — Days. If less than 1 day ... Hours ... Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own house
10 Date deceased last worked at this occupation (month and year): Dec. 1939
11 Total time (years) spent in this occupation: 50

12 BIRTHPLACE (City): East Boston
(State or country): Mass.

PARENTS
13 NAME OF FATHER: William Barry
14 BIRTHPLACE OF FATHER (City): Co. Cork
(State or country): Ireland
15 MAIDEN NAME OF MOTHER: Ellen Hyde
16 BIRTHPLACE OF MOTHER (City): Co. Cork
(State or country): Ireland

17 Informant (Address): Patrick W. Barry — Relation, if any: (brother)

I HEREBY CERTIFY that a satisfactory standard certificate of death was filed with me BEFORE the burial or transit permit was issued:
Wm. D. Childs, M.D.
(Signature of Agent of Board of Health or other)
Health Officer — 1/2/40
(Official Designation) (Date of Issue of Permit)

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: 12 (Month) 31 (Day) 39 (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/29, 1939, to 12/31, 1939,
I last saw her alive on 12/31, 1939, death is said to have occurred on the date stated above, at 11:20 P.m.
The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of Onset IMPORTANT
Acute Dilatation of Heart	12/29/39

Contributory causes of importance not related to principal cause:

Cause	Date of Onset
General Arterio Sclerosis	?

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

20 Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address) Winthrop Date 12/31 1939

21 Holy Cross Malden
Place of Burial, Cremation or Removal (City or Town)
DATE OF BURIAL January 3, 1940

22 NAME OF FUNERAL DIRECTOR M. J. Kelly
ADDRESS 11 Meridian St., E. B.

Received and filed ... 19...
(Registrar)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as AT SCHOOL or AT HOME. For a woman whose only occupation was that of home housework, write HOUSEWORK in answer to Question 8 and OWN HOME in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as HOUSEKEEPER—PRIVATE FAMILY, COOK—HOTEL, etc. For a person who had no occupation whatever write NONE.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as SPINNER, WEAVER, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as GROCERY STORE, SOAP FACTORY, COTTON MILL, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as CIVIL ENGINEER, MECHANICAL ENGINEER, MINING ENGINEER, STATIONARY ENGINEER, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as CARPENTER, PAINTER, MACHINIST, etc. Distinguish carefully between RETAIL MERCHANTS AND WHOLESALE MERCHANTS. A person who sells goods should be called a SALESMAN and not a CLERK.

Statement of Cause of Death.—Cause of death means the disease, or complication which causes death, NOT the mode of dying, E. G., heart failure, asphyxia, asthenia, etc. As principal cause name the disease causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases.

Example

The **principal cause of death** and related causes of importance in order of onset were as follows:	Date of Onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in the above example happens to be the second cause given.

COMMONWEALTH OF MASSACHUSETTS
GOVERNING THE

RETURN OF CERTIFICATES OF DEATH

A physician or registered hospital medical officer shall forthwith, after the death of a person whom he has attended during his last illness, at the request of an undertaker or other authorized person or of any member of the family of the deceased, furnish for registration a standard certificate of death, stating to the best of his knowledge and belief the name of the deceased, his supposed age, the disease of which he died, defined as required by section one, where same was contracted, the duration of his last illness, when last seen alive by the physician or officer and the date of his death. . . . GEN. LAWS, CHAP. 46, SEC. 9.

No undertaker or other person shall bury or otherwise dispose of a human body in a town, or remove therefrom a human body which has not been buried, until he has received a permit from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the person died; and no undertaker or other person shall exhume a human body and remove it from a town, from one cemetery to another, or from one grave or tomb other than the receiving tomb to another in the same cemetery, until he has received a permit from the board of health or its agent aforesaid or from the clerk of the town where the body is buried. No such permit shall be issued until there shall have been delivered to such board, agent or clerk, as the case may be, a satisfactory written statement containing the facts required by law to be returned and recorded, which shall be accompanied, in case of an original interment, by a satisfactory certificate of the attending physician, if any, as required by law, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if, for sufficient reasons, his certificate cannot be obtained early enough for the purpose, or is insufficient, a physician who is a member of the board of health, or employed by it or by the selectmen for the purpose, shall upon application make the certificate required of the attending physician. If death is caused by violence, the medical examiner shall make such certificate. If such a permit for the removal of a human body, not previously interred, from one town to another within the commonwealth cannot be obtained early enough for the purpose, the certificate of death made as above provided and in the possession of the undertaker desiring to make such a removal shall constitute a permit for such removal; provided, that such body shall be returned to the town from which it was removed within thirty-six hours after such removal, unless a permit in the usual form for the removal of such body has been sooner obtained hereunder. If the death certificate contains a recital, as required by section ten of chapter forty-six, that the deceased served in the army, navy or marine corps of the United States in any war in which it has been engaged, such recital shall appear upon the permit. The board of health, or its agent, upon receipt of such statement and certificate, shall forthwith countersign it and transmit it to the clerk of the town for registration. The person to whom the permit is so given and the physician certifying the cause of death shall thereafter furnish for registration any other necessary information which can be obtained as to the deceased, or as to the manner or cause of the death, which the clerk or registrar may require.—CHAP. 114, SEC. 45,, G. L. (TERCENTENARY EDITION.)

Medical examiners shall make examination upon the view of the dead bodies of only such persons as are supposed to have died by violence. . . .—GEN. LAWS, CHAP. 38, SEC. 6.

....He shall in all cases certify to the town clerk or registrar in the place where the deceased died his name and residence, if known; otherwise a description as full as may be, with the cause and manner of death.—GEN. LAWS, CHAP. 38, SEC. 7.

No undertaker or other person shall bury a human body or the ashes thereof which have been brought into the commonwealth until he has received a permit so to do from the board of health or its agent appointed to issue such permits, or if there is no such board, from the clerk of the town where the body is to be buried or the funeral is to be held, or from a person appointed to have the care of the cemetery or burial ground in which the interment is made. . . .—CHAP. 114, SEC. 46, G. L. (TERCENTENARY EDITION.)

RULES OF PRACTICE

The fulfillment of the purpose of these laws calls for the observance of the following rules of practice:

(1) **Attending physicians** will certify to such deaths only as those of persons to whom they have given bedside care during a last illness from disease unrelated to any form of injury.

(2) **Board of Health physicians** will certify to such deaths only as those of persons who, though disabled by recognized disease unrelated to any form of injury, have died without recent medical attendance or whose physician is absent from home when the certificate of death is needed.

(3) **Medical Examiners** will investigate and certify to all deaths **supposably due to injury.** These include not only deaths caused directly or indirectly by traumatism (including resulting septicemia), and by the action of chemical (drugs or poisons), thermal, or electrical agents, and deaths following abortion, but also deaths from **disease resulting from injury or infection related to occupation,** the **sudden deaths of persons not disabled by recognized disease,** and those of persons **found dead.**

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

Suffolk

BOSTON

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH

(County) Boston

(City or Town) Mass General Hosp

(City or town making return) 1338

Registered No.

No. ..... St., ... Ward { (If death occurred in a hospital or institution, give its NAME instead of street and number)

265

2 FULL NAME Mary L Cawthorne

(If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR) .....

(a) Residence. No. 55 Seaview Ave St., ... Ward, Winthrop

(Usual place of abode) (If nonresident, give city or town and state)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... days. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F

4 COLOR OR RACE W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word) Single

5a If married, widowed, or divorced HUSBAND of ..... (Give maiden name of wife in full)

(or) WIFE of ..... (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 2 Years 3 Months — Days. If less than 1 day ..... Hours ..... Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10 Date deceased last worked at this occupation (month and year) .....

11 Total time (years) spent in this occupation .....

12 BIRTHPLACE (City) Malden (State or country)

PARENTS

13 NAME OF FATHER George Cawthorne

14 BIRTHPLACE OF FATHER (City) Boston (State or country)

15 MAIDEN NAME OF MOTHER Grace McNeil

16 BIRTHPLACE OF MOTHER (City) Everett (State or country)

17 Informant (Address) ..... Relation, if any (father)

A TRUE COPY.

ATTEST: ..... (Registrar of city or town where death occurred)

DATE FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Dec 6/39 (Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/5/39, 19..... to 12/6/39, 19.....

I last saw her alive on 12/6/39, 19....., death is said to have occurred on the date stated above, at 12.15a m.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
ac tracheobronchitis	2 dys

Contributory causes of importance not related to principal cause: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

20 Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G F Houser, M. D.

(Address) Mass Gen Hosp Date 12/6/39 19.....

21 Holy Cross Malden

Place of Burial, Cremation, or Removal. (City or Town)

DATE OF BURIAL 12/8/39 19

22 NAME OF UNDERTAKER J A Farrell

ADDRESS Boston

Received and filed 12/8/39 19.....

(Registrar of City or Town where deceased resided)

RECEIVED
OFFICE OF TOWN CLERK
WINTHROP, MASS.
FEB - 5 1940 AM

M R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

1 PLACE OF DEATH
(County)
(City or Town)
No. Peter Bent Brigham Hosp. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

(City or town making return) 263
Registered No. 10742

2 FULL NAME Flora Mabel Gilpatrick
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR)

(a) Residence. No. 914½ Shirley St., Ward, Winthrop
(Usual place of abode) (If nonresident, give city or town and state)
Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Married

5a If married, widowed, or divorced
HUSBAND of (Give maiden name of wife in full)
(or) WIFE of Jothan F. Gilpatrick
(Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 56 Years Months Days | If less than 1 day Hours Minutes

OCCUPATION
8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10 Date deceased last worked at this occupation (month and year) 12/39
11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Waltham
(State or country) Mass.

PARENTS
13 NAME OF FATHER Charles F. Chase
14 BIRTHPLACE OF FATHER (City) Bridgeton,
(State or country) Maine
15 MAIDEN NAME OF MOTHER Mary E. Lemp
16 BIRTHPLACE OF MOTHER (City)
(State or country) England

17 Informant Husband
Relation, if any ( )
(Address) 914½ Shirley St., Winthrop

A TRUE COPY.
ATTEST:
(Registrar of city or town where death occurred)
DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 19, 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/9, 1939, to 12/19, 1939
We last saw her alive on 12/19, 1939, death is said to have occurred on the date stated above, at 5:28 m. P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Carcinoma of bladder	Mos.
Broncho pneumonia (bil.)	ds

Contributory causes of importance not related to principal cause:

Name of operation Supra pubic cystotomy with part. exc. of carcin Date of 12/13/39
What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. B. Osgood, M. D.
(Address) Peter B. Brigham Hos. Date 12/20 1939

21 Mt. Feake Waltham
Place of Burial, Cremation or Removal. (City or Town)
DATE OF BURIAL Dec. 22, 1939. 19

22 NAME OF UNDERTAKER R. C. Kirby
ADDRESS East Boston

Received and filed Dec. 26, 1939. 19

(Registrar of City or Town where deceased resided)

ECEIVE
WINTHROP MASS.
B-5 1940 AM

FORM R-302

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50m-11-'36. No. 9080-g

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH

BOSTON 287 (City or town making return)

Registered No. 10948

1 PLACE OF DEATH

Suffolk (County)

Boston (City or Town)

No. Mass. General Hosp. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John W. Pepper (If deceased is a married, widowed or divorced woman, give also maiden name.)

(If U. S. War Veteran, specify WAR)

(a) Residence. No. 137 Loring Road St., Ward, Winthrop (If nonresident, give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. days. How long in U. S., if of foreign birth? yrs. mos. days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of Alma G. Forristall (Give maiden name of wife in full)

(or) WIFE of (Husband's name in full)

6 IF STILLBORN, enter that fact here.

7 AGE 63 Years 4 Months 25 Days — If less than 1 day Hours Minutes

OCCUPATION

8 Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory Manager

9 Industry or business in which work was done, as silk mill, saw mill, bank, etc. Franklin Calk Co.

10 Date deceased last worked at this occupation (month and year) 1929

11 Total time (years) spent in this occupation 25

12 BIRTHPLACE (City) Chelsea
(State or country) Mass.

PARENTS

13 NAME OF FATHER ----- Pepper

14 BIRTHPLACE OF FATHER (City) -----
(State or country) -----

15 MAIDEN NAME OF MOTHER Sarah W. -----

16 BIRTHPLACE OF MOTHER (City) -----
(State or country) -----

17 Informant Raymond T. Sewall Relation, if any (None)
(Address) 232 Bay State Rd., Boston

A TRUE COPY.

ATTEST: James A. Burke
(Registrar of city or town where death occurred)

DATE FILED 19

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH December 28, 1939.
(Month) (Day) (Year)

19 I HEREBY CERTIFY, That I attended deceased from 12/10/39, 19 to 12/28/39, 19

I last saw him alive on 12/28/39, 19, death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Cause	Date of onset
Pulmonary infarction	3 wks.

Contributory causes of importance not related to principal cause:

Cause	Date of onset
Pulmonary embolism	10 min.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

20 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. C. Baker, M.D.

(Address) Ass't. Director Date 12/28 19 39

21 Woodlawn-Everett
Place of Burial, Cremation or Removal. (City or Town)

DATE OF BURIAL Dec. 30, 1939 19

22 NAME OF UNDERTAKER A. E. Long & Son, Inc.

ADDRESS 1979 Mass. Ave., Cambridge

Received and filed Jan. 2, 1940. 19

(Registrar of City or Town where deceased resided)

RECEIVED
TOWN
WINTHROP, MASS.
FEB - 5 1940 AM

R-302

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS
COPY OF
CERTIFICATE OF DEATH

Lexington
(City or town making return)

Registered No. 111

1 PLACE OF DEATH
Middlesex
(County)
Lexington
(City or Town)
No. Medical and Surgical Bldg. M&S1 Metropolitan State Hospital St. (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Peter Barclay
(If deceased is a married, widowed or divorced woman, give also maiden name.)
(If U. S. War Veteran, specify WAR) 268

(a) Residence. No. 170 Pauline St. Winthrop, Mass.
(Usual place of abode) (If nonresident, give city or town and state)
Length of stay: In hospital or institution 4 years 5 months 29 days. In this community yrs. mos. days.
(Specify whether)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male; 4 COLOR OR RACE: White; 5 SINGLE, MARRIED, WIDOWED or DIVORCED (write the word): Single	18 DATE OF DEATH: December 24, 1939 (Month) (Day) (Year)
5a If married, widowed, or divorced HUSBAND of (Give maiden name of wife in full)	19 I HEREBY CERTIFY, That I attended deceased from October 14, 1938, to December 24, 1939
(or) WIFE of (Husband's name in full)	I last saw him alive on December 24, 1939 death is said to have occurred on the date stated above, at 7:16 P.m.
6 Age of husband or wife if alive years	Immediate cause of death — Duration
7 IF STILLBORN, enter that fact here.	Cirrhosis of Liver — 10 yrs.
8 AGE 59 Years 11 Months 14 Days; If less than 1 day Hours Minutes	Due to
9 Usual Occupation: Painter	Due to
10 Industry or Business: Last worked: About 1928	Other conditions (Include pregnancy within 3 months of death)
11 Social Security No.	Major findings: Of operations ... Date of ...
12 BIRTHPLACE (City) Boston (State or country) Mass.	Of autopsy yes
PARENTS 13 NAME OF FATHER: Peter Barclay	What test confirmed diagnosis? Clinico-pathological
14 BIRTHPLACE OF FATHER (City) Cannot learn (State or country) Scotland	20 Was disease or injury in any way related to occupation of deceased? no. If so, specify
15 MAIDEN NAME OF MOTHER: Margaret Trotter	(Signed) Emeridf Friedman, M. D.
16 BIRTHPLACE OF MOTHER (City) Cannot learn (State or country) Scotland	(Address) Met. State Hosp., Waltham Date 12/24/39
17 Informant: Metropolitan State Hosp. (Relation, if any: Records) (Address) Waltham, Massachusetts	21 PLACE OF BURIAL, CREMATION OR REMOVAL: Winthrop Cem. (Cemetery), Winthrop, Mass. (City or Town); DATE OF BURIAL 12/27/1939
A TRUE COPY. ATTEST: James J. Carroll (Registrar of city or town where death occurred)	22 NAME OF FUNERAL DIRECTOR: Charles R. Bennison; ADDRESS 170 Winthrop St., Winthrop, Mass
DATE FILED Dec. 26, 1939	Received and filed 19 (Registrar of City or Town where deceased resided)

PHYSICIAN: Underline the cause to which death should be charged statistically.

... of death should be transmitted on Form R-302 to the clerk of the city or town in which the deceased resided at the time ... after the close of the month in which the death occurred. (See Chap. 46, Sec. 12, G. L.)

50m-10-'39. No. 8427-f

RECEIVED
OFFICE OF TOWN CLERK • WINTHROP, MASS.
MAY 20 1940 AM